

AUTHORIZATION FOR EXTENDED GUARDIANSHIP FORM

The Parent(s)

Full name(s) as seen in the Government Issued ID :

Father _____ Mother _____

Current Address _____

Contact Phone Number(s) Landline & Cell Phone number(s):

Email Address : _____

The Child(ren)

Full Name(s) as seen in the Birth Certificate or Passport, Grade, and Birthdate:

1. Name : _____ Grade _____ Birthdate: _____

2. Name : _____ Grade _____ Birthdate: _____

The Temporary Guardian(s)

Full Name(s) _____

Address : _____

Contact Phone Number(s) landline & Cellphone:

Email Address : _____

Relation to the student: _____

Reason for Needing a Guardian

I/We, the parents of (child/ren) _____

hereby grant temporary guardianship to the **Temporary Guardian(s)** _____

for the period from the ____ day of _____ 20,___ and expiring on the ____ day of _____ 20___.

- I/We hereby acknowledge that the child **MUST LIVE WITH** and may travel with the Temporary Guardian.
- The Temporary Guardians hold a valid Philippine Visa or Filipino Citizen

- I/We authorize the Temporary Guardian to act on my/our behalf in making all decisions on a daily basis as to the child's activities and wellbeing.
- I/We authorize the Temporary Guardian to act on my/our behalf in circumstances of school disciplinary or academic concerns, or in time of a medical emergency
- I/We authorize the Temporary Guardian to administer general first aid treatment for minor injuries or illnesses experienced by the child.

Signed by Parent(s)

Printed name Father _____

Date : _____

Printed name Mother _____

Date : _____

Signed by Temporary Guardian(s)

Printed Name _____

Date: _____

Printed Name _____

Date: _____

*****ATTACH (UPLOAD) A PHOTOCOPY OF GOVERNMENT IDENTIFICATION CARDS (PASSPORT or DRIVER'S LICENSE) FOR EACH PERSON (PARENTS, CHILDREN, AND TEMPORARY GUARDIANS.**