



Brevard County Parks & Recreation Youth Programs Notice of Temporary Guardianship



Please Print

Parent/Guardian Name: _____

Parent/Guardian Address: _____

List the full name and date of birth of each child. If more than three attach a second form.

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

List full name of individual to whom you are granting temporary custody and person's relationship to the child/children.

Name _____ Relationship _____

Address _____

Phone Number/Numbers _____

As the Parent/Guardian of child/children listed, I hereby grant temporary guardianship of the child/children to individual listed above.

Statement of consent: (To be signed in the presence of a legalized notary public)

I, _____ hereby grant temporary guardianship of the above-mentioned child/children, whom I have legal custody of to _____

From _____ to _____.

For as long as necessary, beginning on _____.

Signature: _____ Date: _____

Notarization: On this _____ day of _____, _____, _____
Date Month Year Name of Parent

personally appeared before me in _____, _____, and in my presence has satisfactorily identified him/her self as the signer of this Temporary Guardianship form.

Affix seal here

Name of Notary Official: _____

Signature: _____ Commission Expires: _____