



NORTH DALLAS ADVENTIST ACADEMY

302 Centennial Boulevard | Richardson, TX 75081 | Phone 972.234.6322 | Fax 972.234.6325

Authorization for Temporary Guardianship www.ndaacademy.org

Child's Name:		Date of Birth: (mm/dd/yyyy)	
Father's Name:	Mother's Name:	Parent Phone #:	
Parent's Address:		Parent Email:	
Temporary Guardian's Name:	Home Phone #:	Cell Phone #:	
Address (U.S. only): STREET	CITY	STATE	ZIP CODE

Statement of Consent: (to be signed in the presence of a legalized notary public)

I, _____, the parent of _____, hereby grant temporary guardianship to _____ while my child is attending North Dallas Adventist Academy. I hereby acknowledge that my child will reside with the Temporary Guardian who I authorize to act on my behalf in making all decisions on a daily basis as to my child's activities. I authorize the Temporary Guardian as urgency dictates, to act *in loco parentis* for my child in respect of any circumstance, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorized any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for my child may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for my child.

Parent Signature: _____

Date: _____

SUBSCRIBED and SWORN TO before me this _____ day of _____, 2010.

[Notary stamp or seal]

Notary Public Signature