

GRANT OF TEMPORARY GUARDIANSHIP

I / We, _____ (Print Full Name(s) of any and all Legal Guardians)
of _____

(Any and all Legal Guardians' Street, City, State, Zip; supplement with additional pages if needed)

as the legal guardian(s) of: _____ (Minor Participant's Full Legal Name)

do hereby grant temporary guardianship of the above listed minor to the A/G and the MN District (and specifically the supervisory leaders of this AIM trip or activity).

The supervisory Leader(s) for this AIM trip or activity shall be (and their emergency contact information is):

Leader: _____ Address: _____

Phone: _____ Email: _____

STATEMENT OF CONSENT: (To be signed in the presence of a legalized notary public.)

I / We, _____, hereby grant temporary guardianship of the above minor, whom I have legal guardianship and custody over to the Leader(s) for this AIM trip or activity from _____ to _____.

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I / we hereby grant permission for any and all medical and/or dental attention to be administered to the Minor Participant, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of available medical personnel. I / We also grant permission for the Leader(s), acting as temporary guardian (and named above), to make travel, educational, and daily well-being decisions for the Minor Participant. It is my / our express understanding that I will be notified prior to non-emergency medical treatment being rendered to the Minor Participant. However, where time is of the essence, I expressly recognize the right of the Leader(s) to seek medical attention and medical services for the Minor Participant.

SIGNATURES OF ALL LEGAL GUARDIAN(S) OF THE PARTICIPANT:

Signature of Parent / Legal Guardian #1: _____ Date: _____

Signature of Parent / Legal Guardian #2: _____ Date: _____

MUST be completed by Notary Public

STATE OF: _____ COUNTY OF: _____

On this day _____ of _____, 20_____, before me, _____ a Notary Public in and for said state personally appeared _____, known to me to be the person(s) who executed the within agreement and acknowledged to me that he/she/they executed the same for the purposes therein stated.

My commission expires: Signature: _____

Notary please stamp here.

Signature of Parent / Legal Guardian #3: _____ Date: _____

STATE OF: _____ COUNTY OF: _____

On this day _____ of _____, 20_____, before me, _____ a Notary Public in and for said state personally appeared _____, known to me to be the person(s) who executed the within agreement and acknowledged to me that he/she/they executed the same for the purposes therein stated.

My commission expires: Signature:

Notary please stamp here.