

TEMPORARY GUARDIANSHIP

To Whom It May Concern:

I, the undersigned, accept responsibility to act on behalf of _____ for any guardian matters that may develop from _____ to _____ on the short-term missions' trip sponsored by Poverty Resolutions, Inc.

I understand that I am being authorized to make any and all decisions to ensure _____'s safety and welfare, including but not limited to decisions regarding medical care.

Signed:

Signature of Temporary Guardian
(*must be 18 or older*)

Date



Awareness. Action. Impact. P.O. Box 421, Furlong, PA 18925 t: 267.544.9094 / e: info@povertyresolutions.org