## **ELKO COUNTY SCHOOL DISTRICT**

## Non-Judicial Appointment of Temporary Guardian by Parent of Minor Child

STATE OF NEVADA. )

COU	NTY OF ELKO.	) ss.	
		ersigned Appointing Parent, hereby solemnly swears, deposes, says undelities of perjury that the following assertions are true, based on my own pe	
	legal custody (eith	it of Temporary Guardian concerns my minor child (Child) over which I cursole or joint): Child's Name:  I's DOB:	-
2.	My address is:	; Phone No.:	·
Guar		the following person as the Temporary Guardian of the Child:; Address:	;
	Other Parent), who	no or □ one other living parent whose parental rights have <u>not</u> been term s identified as follows: Other Parent's name:; Phone No.:	;
5.		er Parent (see #4 above), I have mailed a copy of this Appointment of Te	
	intment by signing	er Parent (see #4 above), either: □ the Other Parent consents to this elow; or □ his/her whereabouts are now unknown to me; or □ (s)he is no y out daily child care decisions concerning the Child.	ot willing
7. Temp	The Temporary porary guardianshi	Guardian serves as guardian of the Child for 6 months, unless I terminate sooner.	the
custo any s comn to pa	by authorizes the Tody and control and control and chool within the El nunicate with schorticipation by the C	mporary Guardian to do and perform all and every act necessary for the omaintenance of the Child, including, without limitation: (1) to register the Co County School District of the Temporary Guardian's choosing; (2) to I personnel and make decisions on all matters relating to the Child; (3) to ild in any and all school activities, whether during school hours or after, and the county or off, including all extra-curricular activities offered by the school as the	care, Child in consenand

9. This appointment of Temporary Guardian is to take effect immediately and to continue during the minority of the Child; provided however, that it shall be terminated by the occurrence of any of the following events: (1) An instrument in writing terminating the Temporary guardianship signed by me; (2)

Temporary Guardian deems appropriate; and (4) in the event of emergency, the power to consent as deemed necessary, to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care to be rendered to my Child under the general or special supervision and on the advice of any

physician, surgeon or dentist licensed to practice in any state within the United States.

prior to its expiration date. DATED: \_\_\_\_\_ Appointing Parent Note to Notary: There must be BOTH a jurat and an acknowledgment for the Appointing Parent's signature. Subscribed and sworn to before me on the by \_\_\_\_\_\_, the Appointing Parent. NOTARY PUBLIC NOTARY ACKNOWLEDGMENT OF APPOINTING PARENT \_\_\_\_\_ ) SS. STATE OF \_\_\_\_\_ On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, personally appeared before me, a Notary Public, \_\_\_\_\_ personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the above instrument as Appointing Parent. NOTARY PUBLIC **ACCEPTANCE** The undersigned appointed Temporary Guardian hereby accepts the appointment on the terms stated in this appointment. DATED: \_\_\_\_\_ Temporary Guardian NOTARY ACKNOWLEDGMENT OF TEMPORARY GUARDIAN STATE OF \_\_\_\_\_ On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, personally appeared before me, a Notary Public, \_\_\_\_\_ personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the above instrument as Temporary Guardian. **NOTARY PUBLIC** 

An order of any Court of competent jurisdiction which appoints a general guardian for the Child; or (3) The expiration of six months after the date of execution hereof, unless renewed by an acknowledged writing

## **CONSENT OF OTHER PARENT**

The undersigned Other Parent hereby consents to the appointment on the terms stated in this appointment.
DATED:
DATED: Other Parent
NOTARY ACKNOWLEDGMENT OF OTHER PARENT
STATE OF )
COUNTY OF )
On the day of, 20, personally appeared before me, a Notary Public, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the above instrument as Temporary Guardian.
NOTARY PUBLIC
The undersigned Child 14 years of age or older, hereby consents to the appointment on the terms stated in this appointment.  DATED:  Child
NOTARY ACKNOWLEDGMENT OF CHILD
STATE OF )
On the day of, 20, personally appeared before me, a Notary Public, personally known (or proved) to me to be the person whose name is subscribed to the above instrument who acknowledged that he/she executed the above instrument as Child.
NOTARY PUBLIC

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