Temporary Guardianship Release

I ____________________________, being the parent or legal guardian of the minor child ____________________________, give my permission for ____________________________ to act on my behalf regarding my child’s participation in Head Start/Early Head Start during the time period beginning ____________ and ending ____________. I understand that this may include participating in Home Visits and Parent Teacher Conferences, giving and receiving information regarding my child’s participation in the classroom, and developmental screenings. I also give my permission for the above named temporary guardian to seek emergency medical care if required and to seek routine screenings, physicals, and immunizations as required by the Head Start/Early Head Start program.

Parent or Legal Guardian ____________________________ Date ____________

Witness ____________________________ Date ____________

Return to your child’s Head Start/Early Head Start teacher
Cc: Name office Child File

Revised August 2006