

KAWERAK, INCORPORATED
HEAD START/EARLY HEAD START

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: Nome office Child File