



Leadership Homeschool Co-op
GUARDIANSHIP FORM

My child(ren) _____

will need temporary guardianship while at The OAK at Hidden Acres.

Guardianship is requested for this date: _____

_____ will be assuming responsibility
for my children during co-op hours.

In case of an emergency please contact the following people:

• Parent: _____

Cell Number: _____

• Emergency Contact (If parent can't be reached) : _____

Relation: _____

Cell Number: _____

I understand that this form authorizes temporary guardianship for above named during class hours only. Should the need arise, I authorize the temporary guardian to seek medical care for children named above.

Name of Guardian: _____ Signature: _____

Parent Name: _____ Signature: _____