

Temporary Guardianship Authorization

I, _____, give _____ full authority over my child(ren), _____ during the time that I am absent from Spokane Valley Christian Homeschool co-op. The above stated child is under this person's authority in the case of any discipline issues or emergencies

*on the following date(s) _____.
(fill in date)

OR

as needed during the _____ session.
(fill in current session & year)

Signed and date by BOTH parties below:

Date: _____

Date: _____

**This form may be signed by proxy with verbal or electronic authorization*