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## CONSENT OF PARENT OR GUARDIAN FOR MEDICAL TREATMENT AND TEMPORARY CUSTODY OF MINOR CHILD

<b>Effective Date:</b>	<b>County and State Where Located:</b>
<b>Parent or Legal Guardian (Name, Address, Zip Code):</b>	<b>Temporary Custodian (Name, Address, Zip Code):</b>
<b>Name of Minor and Minor's Date of Birth</b>	<b>Termination Date</b>

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1.     **Consent.** Parents or Guardians consent to the temporary custody of their Minor Child by Custodian pursuant to the terms of this agreement.
  
2.     **Assumption of Risk.** Parents or Guardians realize that there is always a chance that Minor Child may be injured while in the custody of Custodian. In spite of this, Parents and Guardians assume the risk and exonerate Custodian from liability for any accident, injury, or sickness occurring during the time Custodian has custody of Minor Child except to the extent that such accident, injury or sickness resulted from the negligence or intentional misconduct of the Temporary Custodian.
  
3.     **Consent to Authorize Medical Care.** Parents or Guardians consent that Custodian authorize on their behalf any first aid or medical care which Custodian in his discretion deems necessary for the health or treatment of any illness or injury of Minor Child occurring during this temporary custody.
  
4.     **Best Effort.** Custodian shall exert his best effort to supervise the care and safety of Minor Child, but shall not be held responsible for any standard of care, other than Custodian's best efforts to solve any problems, hazards, or other events that might occur.
  
5.     **Hold Harmless.** Since Parents or Guardians have recognized the existence of and assumed all risks Parents or Guardians shall hold Custodian harmless from any suit of liability arising out of any illness, accident or other complication occurring during the temporary custody with regard to Minor Child, including court costs, attorneys' fees and time lost from work in connection with any court or administrative proceeding arising out of the temporary custody.

6. **Discipline.** Parents or Guardians consent to any discipline imposed by custodian during this temporary custody that Custodian may, in his discretion, deem necessary.

7. **Special Instructions to Temporary Custodian** (use additional sheet if necessary)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Custodian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Custodian

STATE OF ARIZONA

ACKNOWLEDGMENT

County of Maricopa

On this date, \_\_\_\_\_, the foregoing instrument was acknowledged before me by \_\_\_\_\_, who acknowledged that they are the Parents or Guardians, and that they, being authorized to do so, executed the foregoing instrument for the purposes contained therein.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Expiration Date

\_\_\_\_\_  
Notary Public