



# NIÑOS

A guide to help protect  
US-born children in the  
event their parents are  
detained or deported



Prepared by  
J. Brent Helms  
for Legal Services Alabama



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## **I. Foreword**

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NIÑOS is not intended to be used as a means of avoiding deportation from the United States. If you are currently detained, in deportation proceedings, or deported, Legal Services Alabama (“LSA”) urges you to seek advice and assistance from a competent professional.

LSA does not guarantee or warrant that the information and forms contained in NIÑOS are complete and accurate. LSA cannot guarantee or certify that NIÑOS will be sufficient, or that additional documents will not be required in any given jurisdiction. All forms offered in NIÑOS are subject to change, and LSA is under no obligation to notify anyone of any future changes.

The distribution or use of this document shall not create or constitute an attorney-client relationship between LSA and any other party. NIÑOS is not a substitute for legal advice. Individuals are urged to seek legal counsel for customized advice regarding their personal situation. Depending on individual needs, forms may be edited, modified, and expanded.

The information contained in NIÑOS is confidential. Always keep your NIÑOS information in a safe place. It may be a good idea to make a copy of NIÑOS and give it to a trusted person. Remember, information contained in completed NIÑOS forms is confidential personal information that should be properly guarded and cared for. It is a good idea to make a copy of NIÑOS once all the information has been filled in and give it to a trusted person.

## **II. Introduction**

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NIÑOS is the product of an ongoing effort by LSA to protect innocent children. If you are an illegal immigrant, it is important to fill out a NIÑOS packet for each child in your family. Each child will need his/her own NIÑOS packet. It is important to have a NIÑOS packet filled out *before* an emergency occurs. If you have all the information available, it should take two to four hours to complete one NIÑOS packet. It is also a good idea to make a copy of each NIÑOS packet you complete and give the copy to a trusted family member, friend, or professional.

### **1. Description of NIÑOS**

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NIÑOS is a free do-it-yourself packet designed to protect US-born children of illegal immigrant parents who may someday be detained or deported. NIÑOS contains information and

forms families will need in the event parents become detained or deported. NIÑOS can be used not only for situations where parents are detained or deported, but in situations such as medical emergencies or other untimely events causing separations within the family.

## **2. Purpose of NIÑOS**

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The purpose of NIÑOS is to protect US-born and citizen children of illegal immigrants, increase family stability, promote mental health, and give the immigrant family an increased sense of security in an uncertain world.

## **3. Contents of NIÑOS**

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NIÑOS contains a checklist of things to do, instructions on how to complete the packet, and legal forms necessary to protect your child. Remember, you must complete a NIÑOS packet for each of your children. Each child must have his/her own NIÑOS packet.

## **4. Availability and Distribution of NIÑOS**

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NIÑOS can be obtained from J. Brent Helms at [helmsbrent@gmail.com](mailto:helmsbrent@gmail.com) for free. NIÑOS can be copied, printed, displayed, and transmitted for personal use so long as there are no fees or charges associated with such activities. NIÑOS can be copied, printed, displayed, and transmitted for commercial use so long as there are no fees or charges associated with such activities. NIÑOS cannot be registered, rented, licensed, traded, or sold.

## **5. Cost of NIÑOS**

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There should never be a charge – however minimal – for NIÑOS. NIÑOS is, and must always be, absolutely free.

### III. How to use NIÑOS

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Below is a checklist to help you get the most out of NIÑOS. When you finish each step, mark the box so you know what you have left to do. Once you've marked all of the boxes, your NIÑOS packet will be complete and your child will be protected.

#### NIÑOS FAMILY EMERGENCY PLAN CHECKLIST

##### The Family Emergency Plan

- Fill out all Emergency Contact Information
  - Emergency information for the father
  - Emergency information for the mother
  - Emergency information for the child
  - A list of family members in the U.S.
  - A list of family members outside of the U.S.
  - Friends over the age of 18
  - A list of other contacts
  - Immigration attorney's information
  - Consulate's information
  - Church and/or pastor's information
- Gather all Helpful Documents
  - Family photos
  - Birth certificate
  - Consulate Matricula for all household members
  - Passport
  - Immunization records
  - IDs
  - Records of US residence (i.e., lease agreements, pay stubs, school records, etc.)
- Fill out The Plan for Our Child
  - The plan if the father is taken away
  - The plan if the mother is taken away
  - The plan if the father and mother are taken away
- Important Legal Documents
  - Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child
  - Authorization for Temporary Guardianship of a Minor
  - Affidavit of Parental Consent for Travel Outside of the United States of a Minor Child – FORM 1
  - Affidavit of Parental Consent for Travel Outside of the United States of a Minor Child – FORM 2

#### IV. The Family Emergency Plan

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#### Emergency Contact Information

EMERGENCY INFORMATION FOR THE FATHER	
Father's Name:	
Address:	
Place and Date of Birth:	
Work Place:	
Work Schedule:	
Work Phone:	
Cell Phone:	
Home Phone:	

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EMERGENCY INFORMATION FOR THE MOTHER	
Mother's Name:	
Address:	
Place and Date of Birth:	
Work Place:	
Work Schedule:	
Work Phone:	
Cell Phone:	
Home Phone:	

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## EMERGENCY INFORMATION FOR THE CHILD

Father's Name:

Address:

Place and Date of Birth:

Work Place:

Work Schedule:

Work Phone:

Cell Phone:

Home Phone:

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## A LIST OF FAMILY MEMBERS LIVING IN THE U.S.

Family member's name	Relationship to child	Phone number	Address

[Continue on back if necessary]

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## A LIST OF FAMILY MEMBERS OUTSIDE OF THE U.S.

Family member's name	Relationship to child	Phone number	Address

[Continue on back if necessary]

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## FRIENDS OVER THE AGE OF 18

Friend's name	Phone number	Address

[Continue on back if necessary]

## A LIST OF OTHER CONTACTS

Contact's name	Relationship to child	Phone number	Address

[Continue on back if necessary]

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## IMMIGRATION ATTORNEY'S INFORMATION

Attorney's Name:

Phone Number(s):

Address:

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## CONSULATE'S INFORMATION

Consulate's Name:

Country of Representation:

Phone Number:

Address:

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## CHURCH AND/OR PASTOR'S INFORMATION

Church and/or Pastor's Name:

Church and/or Pastor's Phone Number:

Address of Church and/or Pastor:

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### 2. Helpful Documents

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Gather the following documents and place them in an envelope or box:

- A. Family photos
- B. Birth certificate
- C. Consulate Matricula for all household members
- D. Passport
- E. Immunization records and other pertinent medical records
- F. IDs
- G. Records of U.S. residence (i.e., lease agreements, pay stubs, school records, etc.)

### 3. The Plan for Our Child

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What happens to your child while you are detained or deported will depend on you, the parent. If only one parent is detained or deported, the child will likely reside with the other parent; however, that is not always the case. It is important to make a plan ahead of time so that your family can be prepared.

## THE PLAN IF THE FATHER IS TAKEN AWAY

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## THE PLAN IF THE MOTHER IS TAKEN AWAY

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## THE PLAN IF THE FATHER AND MOTHER ARE TAKEN AWAY

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## **D. How to protect your child**

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In the event you and/or your spouse are detained or deported, you may have two options to protect your child:

[Option 1](#) – Your child may be able to remain in the U.S. with a person you choose

[Option 2](#) – Your child may be able to travel to your home country to live with you there

Whether you choose option 1 or option 2 is up to you; however, we recommend you fill out the paperwork for both options. Doing so will prevent problems in the future.

- **Option 1 – Your child may be able to remain in the US with a person you choose**

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If you are detained or deported, you can choose to have someone care for your child. Code of Alabama, 1975, § 26-2A-7 (2011). The person you choose will be called a temporary guardian. The temporary guardian will have the power to make decisions about your child's health, support, education, religion, and any other necessary life decisions, except for marriage or adoption. The temporary guardian you choose will care for your child as you would if you were able. It is important to choose someone you know and trust. And remember, even though you choose a temporary guardian to care for your child, you are still responsible for your child's expenses and overall well-being. Code of Alabama, 1975, § 26-2A-78.

### **1) What legal forms are necessary when choosing a temporary guardian?**

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To choose a temporary guardian, you must fill out two forms:

- E. [Delegation of Powers by Parent\(s\) and Power of Attorney for the Care of a Minor Child](#)
- F. [Authorization for Temporary Guardianship of a Minor](#)

## 2) Things to think about when choosing a temporary guardian:

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- Is the person a US citizen or lawful permanent resident alien?
- Is the person age 19 or older?
- Does the person have a genuine concern for your child's welfare?
- Is the person physically able to care for the child?
- Does the person have the time?
- Does the person have a child close in age to your child?
- Does the person have the money to raise your child? If not, can you give the person money to raise your child?
- Does the person share your same beliefs and values?
- Would your child have to move far away?
- Does your child get along with the person?
- Does your child want to live with the person?

## 3) Frequently asked questions about choosing a temporary guardian:

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**[Can I choose more than one person to look after my child?](#)**

**[What if I don't like the person's spouse?](#)**

**[If I have more than one child, do my children have to stay together?](#)**

**[What do I do if I don't want my child's other birth parent to raise him/her?](#)**

**[What if my family does not like my choice of temporary guardian?](#)**

**[What if the person I choose lives far away?](#)**

**Can I choose more than one person to look after my child?**

Yes. For example, you could appoint your brother and his wife or another married couple. If you do choose to have more than one person look after your child, be sure to list both of their names on the Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child and Authorization for Temporary Guardianship of a Minor forms.

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### **What if I don't like the person's spouse?**

Just name the individual person you want to care for your child, and not the person's spouse. That way, if the couple divorces or separates, your child can stay with the person you feel closest to.

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### **If I have more than one child, do my children have to stay together?**

No, you may choose a different person to care for each child. Make sure you fill out a Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child and Authorization for Temporary Guardianship of a Minor form for each child.

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### **What do I do if I don't want my child's other birth parent to raise him/her?**

Unless the other birth parent has legally abandoned the child or is an unfit parent, a judge will likely give the other parent custody of the child. If you honestly believe the other parent is unfit, prove it. Code of Alabama, 1975, § 12-15-319 (2011).

To prove that the other parent is unfit, show that the other parent:

- Suffers from an emotional illness, mental illness, or mental deficiency;
- Is addicted to excessive use of alcohol or drugs;
- *Has a history of* torturing, abusing, cruelly beating, injuring, or otherwise mistreating the child;
- *Has attempted to* torture, abuse, cruelly beat, injure, or otherwise mistreat the child;
- *Has put the child in clear and present danger of* being tortured, abused, cruelly beaten, injured, or otherwise mistreated;
- Has been convicted of a crime;
- Has not paid for the material needs of the child (diapers, formula, clothing, food, shelter, etc.);
- Has not paid child support, even though he/she is able to do so;
- Has failed to maintain consistent contact or communication with the child.

To support your claims that the other parent is unfit, provide evidence. To provide evidence, do the following:

- Use court records, police reports, medical records, receipts for the purchase of alcohol, pay stubs, photos, testimony of the child, testimony of other children, family, friends, witnesses, school counselors, or any other documents or sources to prove that the other parent is unfit.
- Gather all of the evidence and put it in a box or large envelope.
- Write a letter to the judge explaining who you want to care for your child and why.
- Give the box and the letter to the person you would like to care for your child.
- Fill out a Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child and an Authorization for Temporary Guardianship of a Minor and include both forms with the letter to the judge.
- Make a copy of everything and keep it in a box or envelope for yourself

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**What if my family does not like my choice of temporary guardian?** Code of Ala. § 26-2A-75 (2011)

Your family does have the right to challenge your choice in a court of law. However, a family member who wants to get custody of your child would have to prove to a judge that the person you chose is unfit. To prevent conflict, write a letter explaining your wishes and why the person you chose is the best choice for raising your child.

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**What if the person I choose lives far away?** Code of Ala. § 26-2B-301 (2011)

It is easiest to choose someone who lives in the state of Alabama. However, you may choose any person to care for your child.

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#### 4) What to do once you choose a temporary guardian to care for your child:

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- Make sure the person knows that you chose them
- Make sure the person knows how to reach you at all times
- Write a letter explaining why you chose the person to raise your child. Include the following in your letter:
  - 1) That the child wants to live with the person
  - 2) That the person will provide a good home for the child
  - 3) How the person will best meet the child's needs
  - 4) The relationship between your child and the person
  - 5) Good characteristics of the person
- Fill out the Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child and the Authorization for Temporary Guardianship of a Minor forms.
- Gather all the information, copy it, and put it into a box or envelope.
- Give the box or envelope to the person you would like to care for your child and keep a copy of everything for yourself.
  
- **Option 2 – Your child may be able to travel with you to your home country**

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If you are deported, you may be able to have your child travel with you to your home country. However, if you are deported and your child is **not** allowed to travel with you to your home country, then they may be able to travel alone or with another adult. Whether your child travels with you, alone, or with another adult, they will need their birth certificate and social security card for proof of citizenship. If your child has a passport, or if your child can obtain a passport, then traveling outside of the United States is much easier.

In addition to the child's citizenship documentation, a minor child under the age of 18 must have a legal guardian, or parental consent form from their birth parents in order to exit the United States and enter most foreign countries. Parents should complete one of the forms listed below for each minor child under the age of 18 to prevent immigration problems when entering or leaving the United States or your home country.

Due to international concern over child abduction, many governments (especially Mexico) have initiated additional requirements at arrival and departure points when children

under 18 years old are not traveling with both natural parents. Many countries require documentary evidence of the adults' relationship and permission of the parent(s) or legal guardian before they will allow the child to cross the border. Check with your consulate to find out if additional documents are required for entry into your country.

1) [FORM 1](#)

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Use if:

- a. The child is traveling with one or both birth parents
- b. The child is traveling alone

2) [FORM 2](#)

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Use if:

- a. The child is traveling with a temporary guardian
- b. The child is under the care of a temporary guardian, but will be traveling with another adult

## V. Important Legal Documents

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### 1. [Delegation of Powers by Parent\(s\) and Power of Attorney for the Care of a Minor Child](#)

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#### A. Things to remember when filling out the Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child form:

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- Both parents must sign the form in front of a notary public
- Fill out two forms for each child and make sure both copies are notarized
  - 1) Give one form to the person you chose
  - 2) Keep the other copy for yourself



- Print neatly
- Use a blue or black ball point pen
- Print the full name of your child on the form as it appears on your child's birth certificate and social security card
- Fill in all blanks on the form
- Explain to the temporary guardian how the form is used
  - 1) The form is used to allow your child to do anything you would allow him/her to do if you were able to give your consent (i.e., receive necessary health care services, be enrolled in school, attend church, engage in extracurricular activities, etc.).
  - 2) The person needs to take the form to the doctor's office, the hospital, the child's school, the child's church, and any other place the child goes. Have the person take the form to those locations and ask the secretary to make a copy of it and put it on file. NEVER GIVE AWAY THE ORIGINAL COPY.

**B. Codes for filling out the Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child form:**

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- a) The full name of the birth parent(s) (first, middle, and last)
- b) Relationship of the parent(s) to the minor child (e.g., mother and/or father)
- c) The full name of the child (first, middle, and last as shown on their citizenship documentation)
- d) Street address of the child's home
- e) City, state, and zip of the child's home
- f) The child's age at the time this form is being filled out
- g) The child's date of birth (e.g., April 20, 2006, 4/20/06, 20 April 2006, etc.)
- h) The child's social security number
- i) The full name of the person(s) you authorize to care for your child as a guardian (first, middle, and last name as shown on their citizenship documentation)
- j) The address of the person(s) you authorize to care for your child as a guardian
- k) The city, state, and zip of the person(s) you authorize to care for your child as a guardian

- l) Date of signature (e.g., August 29, 2011, 8/29/11, 29 August 2011, etc.)
- m) Legal signature of parent(s) (first, middle, and last name)
- n) Legal signature of the person(s) you authorize to care for your child as a guardian (first, middle, and last name as shown on their citizenship documentation)
- o) Street address of the child's birth parent(s)
- p) Relationship of the temporary guardian(s) to your child (e.g., step-father, uncle, brother, sister-in-law, friend, pastor, teacher, etc.)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

## **Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child**

Use of this form is authorized by Code of Alabama, 1975, § 26-2A-7 (2011). Completion of this form, along with the Delegation of Powers by Parent(s), is sufficient to authorize enrollment of a minor child in school, to authorize medical treatment, and to authorize support for the minor child.

KNOW ALL MEN BY THESE PRESENTS, that in accordance with Code of Alabama, 1975, § 26-2A-7, I/we, \_\_\_\_\_ (a),  
the \_\_\_\_\_ (b) of

\_\_\_\_\_ (c),  
residing at \_\_\_\_\_ (d)  
\_\_\_\_\_ (e)

are the natural parent(s) of  
\_\_\_\_\_ (c),  
a minor, age \_\_\_\_\_ (f), born on \_\_\_\_\_ (g),  
social security number \_\_\_\_\_ (h),

and I/we DO HEREBY APPOINT  
\_\_\_\_\_ (i),  
of \_\_\_\_\_ (j)  
\_\_\_\_\_ (k),

as GUARDIAN and ATTORNEY-IN-FACT act of said minor (“the GUARDIAN). I/We grant and give said GUARDIAN the authority to undertake any acts, services, and obligations necessary to my/our child’s care, including but not limited to medical treatment, dental care, surgical care, hospitalization, acquisition of provisions, shelter, food and clothing, religious affiliation, education, and any other life-saving, essential or pertinent acts, services or obligations necessary to my/our said child’s care and/or safety.

It is my/our intention that the above named GUARDIAN shall have all the powers heretofore stated, except the power to consent to marriage or adoption, of my/our said child. I/We further understand that this temporary delegation of my/our parental powers does not relieve me/us of the primary responsibility of caring for my/our said child.

I/WE DO HEREBY GIVE AND GRANT unto said GUARDIAN full power and authority to do, take and perform all and every act and thing whatsoever deemed requisite, proper or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes for the benefit of said child as I/we might or could do if personally present, and hereby ratify and confirm all that the said GUARDIAN shall lawfully do or cause to be done by virtue of this delegation of powers and the rights and powers herein granted.

This delegation of powers shall commence and be in full force and effect on the date set out herein below and shall remain in full force and effect until one year from the date set out herein below.

IN WITNESS WHEREOF, I/we have signed this Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child document on this the \_\_\_\_\_ (l).  
\_\_\_\_\_ (m)

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

This Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child was sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ [name parent(s)].

\_\_\_\_\_  
Signature of Notary Public

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

**CONSENT OF GUARDIAN/ATTORNEY-IN-FACT**

The undersigned hereby acknowledge(s) the terms set forth above in this Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the State of Alabama, the undersigned attest(s) to the truthfulness, accuracy, and validity of the forgoing statement. The undersigned assume(s) the obligation to support the Child while the temporary guardianship is in effect to the extent that no other sources of support are available.

Guardian 1's signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Guardian 2's signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

This Delegation of Powers by Parent(s) and Power of Attorney for the Care of a Minor Child was sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ [*name of Guardian*].

\_\_\_\_\_  
Signature of Notary Public

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

## 2. [Authorization for Temporary Guardianship of a Minor](#)

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### A. Things to remember when filling out the Authorization for Temporary Guardianship of a Minor form:

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- Both parents must sign the form in front of a notary public
- Fill out two forms for each child and make sure both copies are notarized
  - 3) Give one form to the person you chose
  - 4) Keep the other copy for yourself
- Print neatly
- Use a blue or black ball point pen
- Print the full name of your child on the form as it appears on your child's birth certificate and social security card
- Fill in all blanks on the form
- Explain to the temporary guardian how the form is used
  - 3) The form is used to allow your child to do anything you would allow him/her to do if you were able to give your consent (i.e., receive necessary health care services, be enrolled in school, attend church, engage in extracurricular activities, etc.).
  - 4) The person needs to take the form to the doctor's office, the hospital, the child's school, the child's church, and any other place the child goes. Have the person take the form to those locations and ask the secretary to make a copy of it and put it on file. NEVER GIVE AWAY THE ORIGINAL COPY.
- Make sure the temporary guardian signs the CONSENT OF TEMPORARY GUARDIAN portion of the form in front of a notary public
- Make sure to attach Exhibit B (a copy of the child's birth certificate) to the form



**B. Codes for filling out the Authorization for Temporary Guardianship of a Minor form:**

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- a) The full name of the birth parent(s) (first, middle, and last)
- b) Relationship of the parent(s) to the minor child (e.g., mother and/or father)
- c) The full name of the child (first, middle, and last as shown on their citizenship documentation)
- d) Street address of the child's home
- e) City, state, and zip of the child's home
- f) The child's age at the time this form is being filled out
- g) The child's date of birth (e.g., April 20, 2006, 4/20/06, 20 April 2006, etc.)
- h) The child's social security number
- i) The full name of the person(s) you authorize to care for your child as a guardian (first, middle, and last name as shown on their citizenship documentation)
- j) The address of the person(s) you authorize to care for your child as a guardian
- k) The city, state, and zip of the person(s) you authorize to care for your child as a guardian
- l) Date of signature (e.g., August 29, 2011, 8/29/11, 29 August 2011, etc.)
- m) Legal signature of parent(s) (first, middle, and last name)
- n) Legal signature of the person(s) you authorize to care for your child as a guardian (first, middle, and last name as shown on their citizenship documentation)
- o) Street address of the child's birth parent(s)
- p) Relationship of the temporary guardian(s) to your child (e.g., step-father, uncle, brother, sister-in-law, friend, pastor, teacher, etc.)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

## AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF A MINOR

Use of this form is authorized by Code of Alabama, 1975, § 26-2A-7 (2011). Completion of this form, along with the Delegation of Powers by Parent(s), is sufficient to authorize enrollment of a minor child in school, to authorize medical treatment, and to authorize support for the minor child.

### AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. I/We hereby declare that I/we have legal and physical custody of my/our child,  
\_\_\_\_\_  
who is \_\_\_\_\_ (f) years old and was born on \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (g) (the “Child”).
  
2. The Child’s current address is:  
\_\_\_\_\_  
\_\_\_\_\_ (d and e)
  
3. Important information about the Child, the parents of the Child, and the Temporary Guardian(s) created hereby is attached as Exhibit A. A copy of the Child’s birth certificate is attached to this Authorization and Consent of Parent(s) or Legal Guardian(s) (the “Authorization”) as Exhibit B.
  
4. My/Our mailing address is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (o)

5. I/We hereby grant my/our full permission and consent for,

\_\_\_\_\_ (i)  
(the “Temporary Guardian,” or if more than one person is listed, the “Temporary Guardians”) to establish a place of residence for the Child, and for the Child to reside and travel with said Temporary Guardian.

6. I/We hereby grant the Temporary Guardian my/our full authorization to make all decisions related to the Child’s educational, religious, recreational activities and all other of the Child’s undertakings.

7. I/We hereby grant the Temporary Guardian my/our full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the Child. If the injury or illness is life threatening or in need of emergency treatment, I/we authorize the Temporary Guardian to summon any and all professional emergency personnel to attend, transport, and treat the Child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

8. For the duration of time that the Temporary Guardian cares for the Child, the costs associated with the Child’s maintenance, living expenses, medical, and dental expenses shall be allocated and paid as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. This authorization shall become effective in the event that the Child is in need of a temporary guardian due to my/our detention and/or deportation. In the event that I/we am/are detained by United States Immigration and Customs Enforcement officials, other authorities of the United States government, state police or local police and subject to an order for deportation, it shall be presumed that the Child is in need of a temporary guardian. In the event that this Authorization is signed by only one parent of the Child, it shall only become effective in the event that the other parent cannot be located by the Temporary Guardian(s) or such other parent fails to take custody of the Child. I/We may revoke the temporary guardianship created herein at any time upon delivery of written notice to the Temporary Guardian.

10. The Temporary Guardian(s) is/are related to the Child as follows:

\_\_\_\_\_ (p)

11. The mother of the Child (check all that apply):

a. is not a natural guardian of the Child because her parental rights have been terminated or she has surrendered such rights;

b. has sole legal custody of the Child;

c. has joint legal custody of the Child with \_\_\_\_\_;

d. is deceased, and a copy of her death certificate is attached as Exhibit \_\_\_\_\_;

e. has not consented to the creation of the Temporary Guardianship herein and her last known address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. The father of the Child (check all that apply):

a. is not a natural guardian of the Child because his parental rights have been terminated or she has surrendered such rights;

b. has sole legal custody of the Child;

c. has joint legal custody of the Child with \_\_\_\_\_;

d. is deceased, and a copy of his death certificate is attached as Exhibit \_\_\_\_\_;

e. has not consented to the creation of the Temporary Guardianship herein and his last known address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. is the biological father of the Child, born out of wedlock, and has not legitimated the Child.

13. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural.

Under penalty of perjury under the laws of the State of Alabama, I/We attest to the truthfulness, accuracy, and validity of the forgoing statement.

Father's signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Mother's signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**CONSENT OF TEMPORARY GUARDIAN**

The undersigned hereby acknowledge(s) the terms set forth above in this Authorization for Temporary Guardianship of a Minor and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the State of Alabama, the undersigned attest(s) to the truthfulness, accuracy, and validity of the forgoing statement. The undersigned assume(s) the obligation to support the Child while the temporary guardianship is in effect to the extent that no other sources of support are available.

Temporary Guardian 1’s signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Temporary Guardian 2’s signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

This Authorization for Temporary Guardianship of a Minor was sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ [name of Temporary Guardian].

\_\_\_\_\_  
Signature of Notary Public

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_



**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

This Authorization for Temporary Guardianship of a Minor was sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ by

\_\_\_\_\_ [*name of mother*].

\_\_\_\_\_  
Signature of Notary Public

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

This Authorization for Temporary Guardianship of a Minor was sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ , \_\_\_\_\_ by

\_\_\_\_\_ [*name of father*].

\_\_\_\_\_  
Signature of Notary Public

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

# EXHIBIT A

## ***FATHER***

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pager: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

## ***MOTHER***

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pager: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

## ***TEMPORARY GUARDIAN(S)***

### *Temporary Guardian #1:*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pager: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_      Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

*Temporary Guardian #2:*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Pager: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

## CHILD'S INFORMATION

### PERSONAL INFORMATION

Full Legal Name:		Sex (Male or Female):
Date of Birth:	Place of Birth (city, county, state, country):	Citizen of:
Social Security Number:	Passport Number:	Country of Issue:
Current Address:	Phone Number:	Alternate Phone Number:

Other Children Living With Child:

NAME OF CHILD	AGE	RELATIONSHIP (Brother, Sister, Step-brother, Half-brother, Cousin, etc.)

[Continue on Back if Necessary]

Child's Primary (Preferred) Language:	Child's Secondary Language:
---------------------------------------	-----------------------------

**PARENT'S INFORMATION AND LIVING ARRANGEMENTS**

Father's Name:	Mother's Name:
----------------	----------------

Who Does the Child Live With? (father, mother, father and mother, grandparent(s), aunt, uncle, foster care, cousin, etc.)

**EDUCATION INFORMATION**

What Grade is Your Child In?	Name of Your Child's School:	School's Telephone Number:
------------------------------	------------------------------	----------------------------

School's Address:	Name of Child's Teacher?
-------------------	--------------------------

Does Your Child Buy Lunch at School or Bring Lunch from Home? If Your Child Buys Lunch at School, How Much Does it Cost?

What Time Does School Start?	What Time Does Your Child Have to Be at School?	How Does Your Child Get to School? (car, bus, friend, etc.) If by Bus, Where is the Bus Stop and What Time Does the Bus Come?
------------------------------	---	---

How Does Your Child Get to School? (car, bus, friend, etc.)	What Time Does School End?	How Does Your Child Get Home from School? (car, bus, friend, etc.) If by Bus, What Time Does the Bus Drop Your Child Off?
---	----------------------------	---

Does Your Child Have Any Diagnosed Special Learning Needs? (dyslexia, mental retardation, ADHD, ADD, etc.) If so, Please Describe:

[Continue on Back if Necessary]

Does Your Child Have Any Special Needs or Require Any Special Accommodations? (sitting close to the front of the classroom, wheelchair access, etc.)

[Continue on Back if Necessary]

Please List Any Other Important Information About Your Child's Education:

[Continue on Back if Necessary]

**MEDICAL INFORMATION**

Do you have any religious or cultural beliefs that may impact health care? If yes, please describe:

[Continue on Back if Necessary]

Does Anyone in Your Family (mother, father, brother, sister, grandparent, aunt, uncle, or cousin) Suffer From the Following:

	YES	NO	If YES, Please List Their Relationship to Your Child:
Tuberculosis (TB)	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma or Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Depression	<input type="checkbox"/>	<input type="checkbox"/>	
Seizures	<input type="checkbox"/>	<input type="checkbox"/>	
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	
High Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	
Birth Defects	<input type="checkbox"/>	<input type="checkbox"/>	
Genetic Defects	<input type="checkbox"/>	<input type="checkbox"/>	
Other Serious Medical Problems	<input type="checkbox"/>	<input type="checkbox"/>	

Has Your Child Had or Been Diagnosed With:

	YES	NO	If YES, Please List the Date of Diagnosis and Describe:
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	
Measles (Rubeola)	<input type="checkbox"/>	<input type="checkbox"/>	
German Measles (Rubella)	<input type="checkbox"/>	<input type="checkbox"/>	
Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>	
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	
Contusions	<input type="checkbox"/>	<input type="checkbox"/>	
Fractures	<input type="checkbox"/>	<input type="checkbox"/>	
Poison Ingestion	<input type="checkbox"/>	<input type="checkbox"/>	
Operations	<input type="checkbox"/>	<input type="checkbox"/>	
Blood Transfusions	<input type="checkbox"/>	<input type="checkbox"/>	
Anemia	<input type="checkbox"/>	<input type="checkbox"/>	
Iron Deficiency	<input type="checkbox"/>	<input type="checkbox"/>	
Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	
Thalassemia	<input type="checkbox"/>	<input type="checkbox"/>	
Hospitalizations	<input type="checkbox"/>	<input type="checkbox"/>	
Other Serious Medical Illnesses	<input type="checkbox"/>	<input type="checkbox"/>	

List Any Prescriptions Your Child is Currently Taking:

NAME OF PRESCRIPTION	DOSAGE	HOW OFTEN

[Continue on Back if Necessary]

Name of Pharmacy Where Prescriptions are Filled:	Address:	Phone Number:

List any Allergies Your Child has: (foods, drugs, latex, insects, etc.)

[Continue on Back if Necessary]

List any Chronic or Recurring Pains Your Child has: (back, migraines, etc.)

[Continue on Back if Necessary]

Your Child's History:

	YES	NO	If YES, Please Explain:
<b>EYES:</b>			
Any Visual Problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Do Eyes Look Crossed?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Your Child Wear Glasses?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EARS:</b>			
Any Hearing Problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Three or More Ear Infections a Year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NOSE:</b>			
Frequent Attacks of Sneezing or Rubbing His/Her Nose?	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent Nose Bleeds?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>THROAT:</b>			
Three or More Strep Throat Infections a Year?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>HEART: Have You Ever Been Told Your Child Has:</b>			
A Heart Murmur?	<input type="checkbox"/>	<input type="checkbox"/>	
High Blood Pressure?	<input type="checkbox"/>	<input type="checkbox"/>	
A Heart Defect?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>LUNGS: Has Your Child Ever Had:</b>			
Bronchitis?	<input type="checkbox"/>	<input type="checkbox"/>	
Pneumonia?	<input type="checkbox"/>	<input type="checkbox"/>	
Asthma/Wheezing?	<input type="checkbox"/>	<input type="checkbox"/>	
Chronic Cough?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>ABDOMEN: Has Your Child Ever Had:</b>			
Jaundice?	<input type="checkbox"/>	<input type="checkbox"/>	
Blood In Bowel Movement?	<input type="checkbox"/>	<input type="checkbox"/>	
Frequent Vomiting or Diarrhea?	<input type="checkbox"/>	<input type="checkbox"/>	
Marked Weight Loss?	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty with Appetite or Eating?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>KIDNEY:</b>			
Has Your Child Ever Had a Urinary Tract Infection?	<input type="checkbox"/>	<input type="checkbox"/>	
Has There Ever Been Blood in the Urine?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Your Child Ever Wet the Bed?	<input type="checkbox"/>	<input type="checkbox"/>	
Does Your Child Ever Complain of Burning or Frequency of Urination?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>SKIN:</b>			
Any Sensitivity or Allergy?	<input type="checkbox"/>	<input type="checkbox"/>	
Eczema or Atopic Dermatitis?	<input type="checkbox"/>	<input type="checkbox"/>	
Acne?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>EXTREMITIES: Has Your Child:</b>			
Had Weakness or Paralysis of Arms or Legs?	<input type="checkbox"/>	<input type="checkbox"/>	
A Persistent Limp?	<input type="checkbox"/>	<input type="checkbox"/>	
Ever Worn Corrective Shoes or Braces?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>NEUROLOGICAL: Has Your Child Ever Had:</b>			
Frequent Headaches?	<input type="checkbox"/>	<input type="checkbox"/>	
Convulsions or Seizures?	<input type="checkbox"/>	<input type="checkbox"/>	
Dizziness?	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting?	<input type="checkbox"/>	<input type="checkbox"/>	
Breath Holding?	<input type="checkbox"/>	<input type="checkbox"/>	
Temper Tantrums?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>DENTAL:</b>			
Problems with Teeth or Gums?	<input type="checkbox"/>	<input type="checkbox"/>	
Bad Breath?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PUBERTY: Concerns About:</b>			
Body Changes?	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual Activity?	<input type="checkbox"/>	<input type="checkbox"/>	
Sexually Transmitted Diseases (STD)	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge: Vaginal or Penile	<input type="checkbox"/>	<input type="checkbox"/>	
Contraception	<input type="checkbox"/>	<input type="checkbox"/>	
For Girls: Age of First Menstrual Period?			

<b>GENERAL</b>			
<b>Is Your Child:</b>			
Overactive?	<input type="checkbox"/>	<input type="checkbox"/>	
Impulsive?	<input type="checkbox"/>	<input type="checkbox"/>	
Lacking in Self Control?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Does Your Child Have Problems With:</b>			
Peers?	<input type="checkbox"/>	<input type="checkbox"/>	
Siblings?	<input type="checkbox"/>	<input type="checkbox"/>	
Parents?	<input type="checkbox"/>	<input type="checkbox"/>	
Sleep?	<input type="checkbox"/>	<input type="checkbox"/>	
Attention Span?	<input type="checkbox"/>	<input type="checkbox"/>	
Attending School?	<input type="checkbox"/>	<input type="checkbox"/>	
Learning?	<input type="checkbox"/>	<input type="checkbox"/>	
Mood?	<input type="checkbox"/>	<input type="checkbox"/>	
Getting Tired Too Quickly?	<input type="checkbox"/>	<input type="checkbox"/>	
Obesity?	<input type="checkbox"/>	<input type="checkbox"/>	
Abuse (Physical, Sexual, or Emotional)?	<input type="checkbox"/>	<input type="checkbox"/>	
Speech?	<input type="checkbox"/>	<input type="checkbox"/>	
Nail Biting/Thumb Sucking?	<input type="checkbox"/>	<input type="checkbox"/>	
School Attendance?	<input type="checkbox"/>	<input type="checkbox"/>	
Drug Use, Alcohol, or Smoking?	<input type="checkbox"/>	<input type="checkbox"/>	
Sex?	<input type="checkbox"/>	<input type="checkbox"/>	
Suicidal Thoughts or Intentions?	<input type="checkbox"/>	<input type="checkbox"/>	
Self-inflicted Harm?	<input type="checkbox"/>	<input type="checkbox"/>	
When was Your Child's Last Tetanus Shot?	Is Your Child Up-to-date on His/Her Immunizations?	Does Your Child Have a Regular Doctor?	Doctor's Name:
Address:		Telephone Number:	When Did Your Child Last See the Doctor?
Does Your Child Have a Regular Dentist?	Dentist's Name:	Address:	
Telephone Number:	When Did Your Child Last See the Dentist?	Please List Any Dental Concerns:	



Does Your Child See a Specialist?	What is the Specialist's Name?	What is the Area of Specialty?	When Did Your Child Last See the Specialist?
Address of Specialist:		Telephone Number:	
Describe Your Child's Eating Habits:		What is Your Child's Favorite Food?	
Describe Your Child's Bedtime Habits:		What Time Does your Child Go To Bed?	What Time Does Your Child Wake Up?
What Method of Correction is Most Effective with Your Child?		What Are Your Child's Strengths?	
What Are Your Child's Favorite Things?		What Are Your Child's Least Favorite Things?	

### RELIGION

What Church Does Your Child Attend?	Address:	Telephone Number:
What Days Does Church Meet?	What Time Does Church Start?	What Time Does Church End?
How Does Your Child Get to Church? (walk, ride with friend, parent attends with child, dropped off, etc.)		
Other Important Religious Information:		
[Continue on Back if Necessary]		

### EXTRACURRICULAR ACTIVITIES

List All Extracurricular Activities Your Child is Involved in and Provide a Schedule:
[Continue on Back if Necessary]

### CHILD'S SCHEDULE

List any Important Information about Your Child's Schedule:
[Continue on Back if Necessary]

**OTHER IMPORTANT INFORMATION**

List any Important Information about Your Child's Schedule:

[Continue on Back if Necessary]

PLEASE LIST ANY ADDITIONAL INFORMATION ABOUT YOUR CHILD BELOW:

# **EXHIBIT B**

**Copy of Birth Certificate  
[Attached]**

### **3. Affidavit of Parental Consent for Travel Outside of the United States of a Minor Child – FORM 1**

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#### **A. Things to consider when filling out FORM 1:**

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- Both natural parents or legal guardians must sign all forms, even if divorced
- If divorced with sole custody, legal documentation supporting this must be attached and notarized
- If a natural parent is deceased, a certified copy of the death certificate must be attached
- Step-parents CANNOT sign, unless the child has been legally adopted, in which case, legal documentation supporting this must be attached and notarized
- Fill out the forms in black ink only
- Print neatly
- Have all forms notarized by a notary public

#### **B. Fill in FORM 1 using the codes below:**

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- a) The full name of the non-traveling parent(s) or legal guardian(s) (first, middle, and last)
- b) The relationship of the non-traveling parent(s) or legal guardian(s) to the minor child (e.g., mother, father, or legal guardian)
- c) The full name of the person you authorize to travel with the child (first, middle, and last as shown on their citizenship documentation)
- d) The relationship of this person to the minor child (e.g., father, mother, uncle, brother, sister-in-law, friend, pastor, teacher, etc.)
- e) The full name of the child (first, middle, and last as shown on their citizenship documentation)
- f) The child's age at the time travel begins
- g) If the form requires, place the word "Me," "We," or "Us" in this space
- h) Name only the countries listed on child's itinerary
- i) The date travel is to start
- j) The date the child will return to the United States

- k) Answer the insurance, medical treatment, and emergency notification sections
- l) Signature of the non-traveling parent(s) or legal guardian(s) (first, middle, and last)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

## Affidavit of Parental Consent for Travel Outside of the United States of a Minor Child

(FORM 1)

I/We, \_\_\_\_\_ (a),  
the \_\_\_\_\_ (b) and surviving birth  
parent(s) of said minor child, do hereby authorize

\_\_\_\_\_ (c),  
the \_\_\_\_\_ (d) of said minor child, to  
travel as a guardian of

\_\_\_\_\_ (e),  
age \_\_\_\_\_ (f), to the following countries without \_\_\_\_\_ (g):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (h)

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ (i)  
To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ (j)

(k) I/We [ \_\_\_ ] HAVE; [ \_\_\_ ] DO NOT HAVE major medical insurance that will cover said child for medical treatment outside the United States. I/We [ \_\_\_ ] AUTHORIZE; [ \_\_\_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for said minor child if needed. If not, we have provided emergency contact information below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alt. Name: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

\_\_\_\_\_  
(1)

Signature

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

This Affidavit of Parental Consent for Travel Outside of the United States of a Minor Child was sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ [*name of birth parent(s)*].

\_\_\_\_\_  
Signature of Notary Public

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

#### **4. Affidavit of Parental Consent for Travel Outside of the United States of a Minor Child – FORM 2**

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##### **C. Things to consider when filling out FORM 2:**

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- Both natural parents or legal guardians must sign all forms, even if divorced
- If divorced with sole custody, legal documentation supporting this must be attached and notarized
- If a natural parent is deceased, a certified copy of the death certificate must be attached
- Step-parents CANNOT sign, unless the child has been legally adopted, in which case, legal documentation supporting this must be attached and notarized
- Fill out the forms in black ink only
- Print neatly
- Have all forms notarized by a notary public

##### **D. Fill in FORM 2 using the codes below:**

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- a) The full name of the non-traveling parent(s) or legal guardian(s) (first, middle, and last)
- b) The relationship of the non-traveling parent(s) or legal guardian(s) to the minor child (e.g., mother, father, or legal guardian)
- c) The full name of the person you authorize to travel with the child (first, middle, and last as shown on their citizenship documentation)
- d) The relationship of this person to the minor child (e.g., father, mother, uncle, brother, sister-in-law, friend, pastor, teacher, etc.)
- e) The full name of the child (first, middle, and last as shown on their citizenship documentation)
- f) The child's age at the time travel begins
- g) If the form requires, place the word "Me," "We," or "Us" in this space
- h) Name only the countries listed on child's itinerary
- i) The date travel is to start
- j) The date the child will return to the United States



- k) Answer the insurance, medical treatment, and emergency notification sections
- l) Signature of the non-traveling parent(s) or legal guardian(s) (first, middle, and last)

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

## Affidavit of Parental Consent for Travel Outside of the United States of a Minor Child

(FORM 2)

I/We, \_\_\_\_\_ (a),  
the \_\_\_\_\_ (b) of said minor child, do  
hereby authorize

\_\_\_\_\_ (c),  
the \_\_\_\_\_ (d) of said minor child, to  
travel as a guardian of

\_\_\_\_\_ (e),  
age \_\_\_\_\_ (f), to the following countries without \_\_\_\_\_ (g):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (h)

From: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ (i)  
To: Day: \_\_\_\_\_ / Month: \_\_\_\_\_ / Year: \_\_\_\_\_ (j)

(k) I/We [ \_\_\_ ] HAVE; [ \_\_\_ ] DO NOT HAVE major medical insurance that will cover said child for medical treatment outside the United States. I/We [ \_\_\_ ] AUTHORIZE; [ \_\_\_ ] DO NOT AUTHORIZE the above named person to make medical treatment decisions for said minor child if needed. If not, we have provided emergency contact information below:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alt. Name: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

\_\_\_\_\_  
(1)

Signature

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

This Affidavit of Parental Consent for Travel Outside of the United States of a Minor Child was sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ [*name of signatories*].

\_\_\_\_\_  
Signature of Notary Public

Notary Public for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_