

**Cornerstone Families Homeschool Co-op**  
**Temporary Guardianship Form**  
(Form must be fully completed and signed by a committee member)

I, \_\_\_\_\_, hereby authorize \*

to serve as a temporary guardian for my child(ren), listed below, while at Cornerstone Families Homeschool Co-op only during my absence on (date) \_\_\_\_\_

during the following hours of classes:

9:00 \_\_\_\_\_ 10:00 \_\_\_\_\_ 11:00 \_\_\_\_\_ 12:00 \_\_\_\_\_ 1:00 \_\_\_\_\_ 2:00 \_\_\_\_\_

**Reason for my absence:**

\_\_\_\_\_ . Illness/injury in immediate family (self/spouse/children)

\_\_\_\_\_ . Funeral

\_\_\_\_\_ . Emergency: \_\_\_\_\_ (please state emergency)

**Child(ren)**

_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
**Signature of Parent**

\_\_\_\_\_  
**Cell # of parent**

\_\_\_\_\_  
**Signature of Guardian**

\_\_\_\_\_  
**Cell # of Guardian**

\_\_\_\_\_  
**Location of Guardian during your absence**

\_\_\_\_\_  
**Name of emergency contact person**  
(someone other than listed above)

\_\_\_\_\_  
**Emergency contact cell #**

\_\_\_\_\_  
**Cornerstone Committee Member**

\_\_\_\_\_  
**Date**

\* Please write guardian's name in the comment section of sign-in sheet.