

ATTENTION PARENTS: INFORMATION REGARDING THE  
TEMPORARY GUARDIANSHIP AND MEDICAL AUTHORIZATION FORM

Enclosed you will find a "TEMPORARY GUARDIANSHIP AND MEDICAL AUTHORIZATION" form. Because your son/daughter will not have reached the legal age of eighteen by the time of registration at New Tribes Bible Institute, it will be necessary for us to have this consent form on file. This will give us permission to seek medical attention for your son/daughter, should the need arise.

Please complete this form and have it notarized. We would appreciate it if you would return it to us as soon as possible. If you have any questions regarding this, please feel free to contact me.

In Christ,  
Todd Duston  
Director of Admissions  
New Tribes Bible Institute  
Ph 800-555-6824  
todd\_duston@ntm.org

# TEMPORARY GUARDIANSHIP AND MEDICAL AUTHORIZATION

I (We) \_\_\_\_\_ do hereby appoint and give permission to New Tribes Bible Institute to act as the temporary legal guardian of the persons of our minor child \_\_\_\_\_, and to seek any medical treatment necessary as may be required by the circumstances. This temporary Guardianship and Medical Authorization shall become effective on the date as set forth hereinafter and shall continue until the same is hereby revoked, or no later than \_\_\_\_\_, 20\_\_\_\_.

I (We) agree not to hold the above named individual or individuals liable for any cause of action arising from any oversight, care, medical treatment or advice given to my dependent.

I (We) have fully read and understand the contents of this document and do hereby freely and voluntarily execute the same.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

County of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_, before me

appeared \_\_\_\_\_,

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is (are) subscribed to this instrument, and acknowledged that he (she) (they) executed the same

WITNESS my hand and official seal.

\_\_\_\_\_