



TEMPORARY GUARDIANSHIP AUTHORIZATION
(This form is only for volunteers under the age of 18, who MUST travel with a legal guardian.)

We (I), the undersigned parents, authorize our minor child _____,

Date of Birth _____, Passport Number _____ or

Birth Certificate Number/City/State _____,

To travel to and from the Dominican Republic with _____,

Date of Birth _____, Passport # _____, or

Birth Certificate Number/City/State _____,

This authorization begins on _____, 20__, and ends on _____, 20__.

We (I) also grant _____ the authority to authorize any needed medical care and to make other decisions regarding the care, feeding, housing and general well-being of the above named child during this same period.

SIGNATURE(S) AND DATE:

FATHER SIGNATURE DATE

ADDRESS: _____

TELEPHONE: _____

MOTHER SIGNATURE DATE

ADDRESS: _____

TELEPHONE: _____

GUARDIAN SIGNATURE DATE

ADDRESS: _____

TELEPHONE: _____