

NOMINATION OF GUARDIAN

I, MOM, resident of Massachusetts and domiciled at

123 Mom St

make, publish and declare this Parental Nomination of Guardian, revoking all prior appointments at any time heretofore made by me.

Listed below are my children and their dates of birth:

BABY

Jan 01, 2019

CHILD

Jan 01, 2014

Pursuant to the provisions of the laws of the state of Massachusetts, if a Guardian of the person and/or Conservator of the estate is required for any minor child of mine, in the event of my death or incapacitation, DAD shall act as such Guardian; provided however, if DAD is not living or is not available, my nomination for appointment of Guardian shall be:

SISTER and BROTHER IN LAW
123 Sister St, Westwood, MA 02090

If, at any time during the minority of any child of mine, my first nominee guardian is for any reason unable or unwilling to serve or to continue to serve as guardian of the person and estate of each minor, the successor Guardian(s)/Conservator(s) shall be:

BROTHER
123 Brother St., Westwood, MA 02090

The term "guardian" includes any person herein named as a guardian of both the person and estate of my minor children.

As it is my desire that the loving care and treatment of my minor children be trusted in the guiding hands of the person designated by me as guardian of my minor children, I wish said guardian to exercise broad and reasonable discretion in dealing with the person and estate of my minor children so as to be able to do everything deemed advisable in the best interest of said minor children.

I direct that the guardian of my minor children to perform all acts, take all proceedings and exercise all such rights and privileges, although not specifically mentioned in this Nomination of Guardianship, with relation to any matter affecting both the person and estate of those minor children.

During such time that co-guardians are serving hereunder, they shall act by unanimous agreement. If there are more than two co-guardians serving, they shall act in accordance with the decision made by the majority of co-guardians.

Any Guardian appointed under this Nomination shall be exempt from giving any bond or, if required to give bond, shall be exempt from furnishing any surety thereon.

IN WITNESS WHEREOF, I, MOM sign my name to this instrument on this ____ day of _____, 20__, and being first duly sworn, do hereby declare to the undersigned authority and below-named witnesses that I sign and execute this instrument as my Nomination of Guardian, that I execute it as my free and voluntary act for the purposes expressed herein and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

MOM

We, the witnesses who sign below, each declare in the presence of MOM that s/he signed this instrument as Nomination of Guardian in the presence of each of us, that s/he signed it willingly, that each of us signs this Nomination of Guardian as witness in the presence of MOM, and that to the best of our knowledge s/he is eighteen (18) years of age or over, of sound mind, and under no constraint or undue influence.

WITNESS NAME [street address]

[city, state]

WITNESS NAME [street address]

[city, state]

STATE OF Massachusetts

County of Norfolk,

Before me, the undersigned authority on this day, personally appeared , MOM and the WITNESSES, proved to me through satisfactory evidence of identification (to wit: (Massachusetts License/ID), to be the persons whose names are signed to the foregoing instrument, and all of these persons being by me duly sworn; MOM declared to me and to the witnesses in my presence that the instrument is a NOMINATION OF GUARDIAN and that s/he had willingly signed, and that s/he executed it as his/her free and voluntary act for the purposes therein expressed; and the witnesses stated to me, in his/her presence, that they signed as witnesses and that to the best of their knowledge s/he was of legal age, of sound mind and under no constraint or undue influence,

Subscribed, sworn to, and acknowledged before me by, MOM, and witnesses on this ___ day of _____, 20__.

[SEAL]

NOTARY PUBLIC

My Commission expires: _____

NOMINATION OF GUARDIAN

I, DAD, resident of Massachusetts and domiciled at

123 Dad St

make, publish and declare this Parental Nomination of Guardian, revoking all prior appointments at any time heretofore made by me.

Listed below are my children and their dates of birth:

BABY Jan 01, 2019

CHILD Jan 01, 2014

Pursuant to the provisions of the laws of the state of Massachusetts, if a Guardian of the person and/or Conservator of the estate is required for any minor child of mine, in the event of my death or incapacitation, MOM shall act as such Guardian; provided however, if MOM is not living or is not available, my nomination for appointment of Guardian shall be:

SISTER and BROTHER IN LAW
123 Sister St, Westwood, MA 02090

If, at any time during the minority of any child of mine, my first nominee guardian is for any reason unable or unwilling to serve or to continue to serve as guardian of the person and estate of each minor, the successor Guardian(s)/Conservator(s) shall be:

BROTHER
123 Brother St., Westwood, MA 02090

The term "guardian" includes any person herein named as a guardian of both the person and estate of my minor children.

As it is my desire that the loving care and treatment of my minor children be trusted in the guiding hands of the person designated by me as guardian of my minor children, I wish said guardian to exercise broad and reasonable discretion in dealing with the person and estate of my minor children so as to be able to do everything deemed advisable in the best interest of said minor children.

I direct that the guardian of my minor children to perform all acts, take all proceedings and exercise all such rights and privileges, although not specifically mentioned in this Nomination of Guardianship, with relation to any matter affecting both the person and estate of those minor children.

During such time that co-guardians are serving hereunder, they shall act by unanimous agreement. If there are more than two co-guardians serving, they shall act in accordance with the decision made by the majority of co-guardians.

Any Guardian appointed under this Nomination shall be exempt from giving any bond or, if required to give bond, shall be exempt from furnishing any surety thereon.

IN WITNESS WHEREOF, I, DAD sign my name to this instrument on this ____ day of _____, 20__, and being first duly sworn, do hereby declare to the undersigned authority and below-named witnesses that I sign and execute this instrument as my Nomination of Guardian, that I execute it as my free and voluntary act for the purposes expressed herein and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

DAD

We, the witnesses who sign below, each declare in the presence of DAD that s/he signed this instrument as Nomination of Guardian in the presence of each of us, that s/he signed it willingly, that each of us signs this Nomination of Guardian as witness in the presence of DAD, and that to the best of our knowledge s/he is eighteen (18) years of age or over, of sound mind, and under no constraint or undue influence.

WITNESS NAME [street address]

[city, state]

WITNESS NAME [street address]

[city, state]

STATE OF Massachusetts

County of Norfolk,

Before me, the undersigned authority on this day, personally appeared , DAD and the WITNESSES, proved to me through satisfactory evidence of identification (to wit: (Massachusetts License/ID), to be the persons whose names are signed to the foregoing instrument, and all of these persons being by me duly sworn; DAD declared to me and to the witnesses in my presence that the instrument is a NOMINATION OF GUARDIAN and that s/he had willingly signed, and that s/he executed it as his/her free and voluntary act for the purposes therein expressed; and the witnesses stated to me, in his/her presence, that they signed as witnesses and that to the best of their knowledge s/he was of legal age, of sound mind and under no constraint or undue influence,

Subscribed, sworn to, and acknowledged before me by, DAD, and witnesses on this ___ day of _____, 20__.

[SEAL]

NOTARY PUBLIC

My Commission expires: _____

TEMPORARY GUARDIANSHIP NOMINATION

I, MOM, hereby declare as follows:

If I am not available, and neither my children's other parent or my children's permanent guardian(s) is not immediately available or must travel to my child, and a guardian of the person is required immediately for any minor child of mine, I authorize the following individuals to take custody of my child(ren) until their other parent or the permanent guardian has arrived. I designate these persons as temporary guardians and first responders because I do not want my child to be taken into protective custody under any circumstance. Until my child(ren)'s named guardian(s) arrives, I authorize the following persons, in the order they appear, to take custody of my child(ren) and to make all decisions on my child(ren)'s behalf, including medical decisions:

Person	Phone
FATHER	(617) 555-1234
MOTHER	(617) 555-3456

1. I hereby acknowledge that the child(ren) will reside with the Temporary Guardian and may travel locally with the Temporary Guardian.
2. I authorize the Temporary Guardian to act on my behalf in making all decisions on a daily basis as to the child(ren)'s activities.
3. I authorize the Temporary Guardian to administer general first aid treatment for minor injuries or illnesses experienced by the child(ren).
4. I authorize the Temporary Guardian, if any urgency dictates, to act in loco parentis for the child(ren) in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the child(ren) may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for the child(ren).

5. The following information is essential in case of medical treatment or hospitalization:

5.1. EMPLOYER

5.2. (617) 555-1111

5.3. 123 Employer St, Westwood, MA 02090

6. I indemnify the Temporary Guardian against any and all claims whatsoever and howsoever arising, save where such claims arise from negligence, gross negligence or willful intent during the specified period of Temporary Guardianship.

7. I declare that I am the legal custodian of the child(ren) and that I have legal authority to appoint a Temporary Guardian for the child(ren).

8. Unless inconsistent with the context, words signifying the singular shall include the plural and vice versa.

Any Temporary Guardian(s) designated in this document shall serve without bond in any jurisdiction.

IN WITNESS WHEREOF, I, MOM sign my name to this instrument on this ____ day of _____, 20__, and being first duly sworn, do hereby declare to the undersigned authority and below-named witnesses that I sign and execute this instrument as my TEMPORARY GUARDIANSHIP NOMINATION, that I execute it as my free and voluntary act for the purposes expressed herein and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

MOM

We, the witnesses who sign below, each declare in the presence of MOM that s/he signed this instrument as TEMPORARY GUARDIANSHIP NOMINATION in the presence of each of us, that s/he signed it willingly, that each of us signs this TEMPORARY GUARDIANSHIP NOMINATION as witness in the presence of MOM, and that to the best of our knowledge s/he is eighteen (18) years of age or over, of sound mind, and under no constraint or undue influence.

WITNESS NAME

[street address]

[city, state]

WITNESS NAME

[street address]

[city, state]

STATE OF Massachusetts

County of Norfolk,

Before me, the undersigned authority on this day, personally appeared , MOM and the WITNESSES, proved to me through satisfactory evidence of identification (to wit: (Massachusetts License/ID), to be the persons whose names are signed to the foregoing instrument, and all of these persons being by me duly sworn; MOM declared to me and to the witnesses in my presence that the instrument is a TEMPORARY GUARDIANSHIP NOMINATION and that s/he had willingly signed, and that s/he executed it as his/her free and voluntary act for the purposes therein expressed; and the witnesses stated to me, in his/her presence, that they signed as witnesses and that to the best of their knowledge s/he was of legal age, of sound mind and under no constraint or undue influence,

Subscribed, sworn to, and acknowledged before me by, MOM, and witnesses on this ___ day of _____, 20__.

[SEAL]

NOTARY PUBLIC

My Commission expires: _____

TEMPORARY GUARDIANSHIP NOMINATION

I, DAD, hereby declare as follows:

If I am not available, and neither my children's other parent or my children's permanent guardian(s) is not immediately available or must travel to my child, and a guardian of the person is required immediately for any minor child of mine, I authorize the following individuals to take custody of my child(ren) until their other parent or the permanent guardian has arrived. I designate these persons as temporary guardians and first responders because I do not want my child to be taken into protective custody under any circumstance. Until my child(ren)'s named guardian(s) arrives, I authorize the following persons, in the order they appear, to take custody of my child(ren) and to make all decisions on my child(ren)'s behalf, including medical decisions:

Person	Phone
FATHER	(617) 555-1234
MOTHER	(617) 555-3456

1. I hereby acknowledge that the child(ren) will reside with the Temporary Guardian and may travel locally with the Temporary Guardian.
2. I authorize the Temporary Guardian to act on my behalf in making all decisions on a daily basis as to the child(ren)'s activities.
3. I authorize the Temporary Guardian to administer general first aid treatment for minor injuries or illnesses experienced by the child(ren).
4. I authorize the Temporary Guardian, if any urgency dictates, to act in loco parentis for the child(ren) in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the child(ren) may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for the child(ren).

5. The following information is essential in case of medical treatment or hospitalization:

5.1. EMPLOYER

5.2. (617) 555-1111

5.3. 123 Employer St, Westwood, MA 02090

6. I indemnify the Temporary Guardian against any and all claims whatsoever and howsoever arising, save where such claims arise from negligence, gross negligence or willful intent during the specified period of Temporary Guardianship.

7. I declare that I am the legal custodian of the child(ren) and that I have legal authority to appoint a Temporary Guardian for the child(ren).

8. Unless inconsistent with the context, words signifying the singular shall include the plural and vice versa.

Any Temporary Guardian(s) designated in this document shall serve without bond in any jurisdiction.

IN WITNESS WHEREOF, I, DAD sign my name to this instrument on this ____ day of _____, 20__, and being first duly sworn, do hereby declare to the undersigned authority and below-named witnesses that I sign and execute this instrument as my TEMPORARY GUARDIANSHIP NOMINATION, that I execute it as my free and voluntary act for the purposes expressed herein and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

DAD

We, the witnesses who sign below, each declare in the presence of DAD that s/he signed this instrument as TEMPORARY GUARDIANSHIP NOMINATION in the presence of each of us, that s/he signed it willingly, that each of us signs this TEMPORARY GUARDIANSHIP NOMINATION as witness in the presence of DAD, and that to the best of our knowledge s/he is eighteen (18) years of age or over, of sound mind, and under no constraint or undue influence.

WITNESS NAME

[street address]

[city, state]

WITNESS NAME

[street address]

[city, state]

STATE OF Massachusetts

County of Norfolk,

Before me, the undersigned authority on this day, personally appeared , DAD and the WITNESSES, proved to me through satisfactory evidence of identification (to wit: (Massachusetts License/ID), to be the persons whose names are signed to the foregoing instrument, and all of these persons being by me duly sworn; DAD declared to me and to the witnesses in my presence that the instrument is a TEMPORARY GUARDIANSHIP NOMINATION and that s/he had willingly signed, and that s/he executed it as his/her free and voluntary act for the purposes therein expressed; and the witnesses stated to me, in his/her presence, that they signed as witnesses and that to the best of their knowledge s/he was of legal age, of sound mind and under no constraint or undue influence,

Subscribed, sworn to, and acknowledged before me by, DAD, and witnesses on this ___ day of _____, 20__.

[SEAL]

NOTARY PUBLIC

My Commission expires: _____

**MEDICAL POWER OF ATTORNEY
FOR OUR MINOR CHILD(REN)**

This document is a Medical Power of Attorney for our Minor Child(ren), granted by his/her parents, MOM and DAD, 123 Mom St. This Medical Power of Attorney is effective immediately and shall not terminate unless revoked by MOM and DAD.

APPOINTMENT OF HEALTH CARE AGENT

We, MOM and DAD, Parents of the following minor child(ren):

Child	Birth Date
BABY	Jan 01, 2019
CHILD	Jan 01, 2014

hereby appoint and authorize:

SISTER and BROTHER IN LAW

(617) 555-7777

123 Sister St, Westwood, MA 02090

to serve as health care representative(s) for any child of ours in our absence or inability, to act for us and in our names to make and communicate any and all decisions about or relating to the health care of our child(ren) including the receipt or refusal to accept medical treatment, hospitalization, health care or personal care, in any situation in which, as the result of illness, disease, absence or injury, we are incapable of making or communicating a decision with respect to our child's health. Pursuant to the Health Insurance Portability and Accountability Act of 1996, (HIPAA) (Pub. L. 104-191), 45 CFR Section 160 through 164, as the parent of this minor(s), we are the Personal Representatives. As such we appoint and designate our child's health care representative(s) named above as his/her Personal Representative(s), to serve concurrently and/or individually. Each one shall have the status, power, authority and rights as his/her Personal Representative(s) for all purposes as provided in HIPAA.

Our health insurance carrier and policy number are:

Medical Plan: EMPLOYER

Policy #: 123456789

Before providing care, health care providers should first make a reasonable attempt to try to contact us or one of the agents named above at the numbers listed. In no way shall this request interfere with our child's health care.

We further delegate to our child's health care representatives the power and authority to select, employ and discharge health care personnel, such as physicians, nurses, therapists, home

health care providers and other medical professionals for our child's benefit, and to contract in our name and on our behalf for all health care services, including without limitation medical, nursing and hospital care, as our health care representatives may deem appropriate for our daughter's benefit. We confirm that we shall be and remain personally liable for the payment of all such care and services to the same extent as if we had personally contracted for such care and services.

We further authorize our child's health care representatives and HIPAA Personal Representatives to request, receive and review any information regarding our child's physical or mental health, including without limitation all HIPAA protected health information, medical and hospital records; to execute on our child's behalf any authorizations, releases or other documents that may be required in order to obtain this information; and to consent to the disclosure of this information. We authorize our child's health care representatives to execute on our child's behalf any documents necessary or desirable to implement the health care decisions that our child's health care representatives are authorized to make pursuant to this document.

Photocopies of this document shall be effective and enforceable as originals, and third parties shall be entitled to rely on photocopies of this document for the full force and effect of all stated terms.

IN WITNESS WHEREOF, we, MOM and DAD, sign our names to this instrument on this ____ day of _____, 20__, and being first duly sworn, do hereby declare to the undersigned authority and below-named witnesses that we sign and execute this instrument as our MEDICAL POWER OF ATTORNEY FOR OUR MINOR CHILDREN, that we execute it as our free and voluntary act for the purposes expressed herein and that we are eighteen years of age or older, of sound mind and under no constraint or undue influence.

MOM

DAD

We, the witnesses who sign below, each declare in the presence of MOM and DAD, that they signed this instrument as MEDICAL POWER OF ATTORNEY FOR MINOR CHILDREN in the presence of each of us, that s/he signed it willingly, that each of us signs this MEDICAL POWER OF ATTORNEY FOR MINOR CHILDREN as witness in the presence of MOM and DAD, and that to the best of our knowledge they are both eighteen (18) years of age or over, of sound mind, and under no constraint or undue influence.

WITNESS NAME:

[street address]

[city, state]

WITNESS NAME:

[street address]

[city, state]

STATE OF Massachusetts

County of Norfolk,

Before me, the undersigned authority on this day, personally appeared , MOM and DAD, and the WITNESSES, proved to me through satisfactory evidence of identification (to wit: (Massachusetts License/ID), to be the persons whose names are signed to the foregoing instrument, and all of these persons being by me duly sworn; MOM and DAD, declared to me and to the witnesses in my presence that the instrument is a MEDICAL POWER OF ATTORNEY FOR MINOR CHILDREN and that they had willingly signed, and that they executed it as their free and voluntary act for the purposes therein expressed; and the witnesses stated to me, in their presence, that they signed as witnesses and that to the best of their knowledge they were of legal age, of sound mind and under no constraint or undue influence,

Subscribed, sworn to, and acknowledged before me by, MOM and DAD, and witnesses on this ___ day of _____, 20__.

[SEAL]

NOTARY PUBLIC

My Commission expires: _____

**INSTRUCTIONS TO GUARDIAN
OF MINOR CHILDREN OF
MOM and DAD**

OUR INTENT FOR THIS DOCUMENT

This memorandum provides guidance to the guardian(s) of our minor children with respect to those decisions we consider most important when raising our children, including education, religion and discipline, children-rearing practices, financial considerations, and our wishes regarding our children's care. This memorandum is to be considered binding to the extent possible. However, we recognize that there might be unanticipated circumstances, so we request that all parties concerned act in accordance with our intent as set forth in this memorandum. We appoint the guardian(s) of our minor children to carry out our wishes and desires as expressed herein. We direct our Trustee to support our guardian(s) to the greatest extent possible in honoring these instructions.

IMMEDIATE FAMILY MEMBERS

We are providing the following information so that our family and friends with whom our family is close may be notified of our children's new guardianship and invited to participate in our children's lives.

While we have named a single person or couple to act as guardians of our children, we very much would like the following people to be consulted regarding the manner in which our children is raised:

Other people you would like to be consulted regarding the manner in which your children are raised

The following friends and family members are extremely important to us and every effort should be made for these people to maintain a relationship with our children:

Friends that are important to you and guardians should make every effort for these people to maintain a relationship with your children

Family members that are important to you and guardians should make every effort for these people to maintain a relationship with your children

IMPORTANT INFORMATION ABOUT OUR CHILDREN

Child	Birth Date
BABY	Jan 01, 2019
CHILD	Jan 01, 2014

Our children's Primary Physician:

Child	Physician
BABY	Dr. DOCTOR
CHILD	Dr. DOCTOR

Our children have the following medical conditions and require the following treatments:

Child	Medical Conditions
--------------	---------------------------

BABY

Allergies to Medications:

MEDICINES

Other Allergies:

GRASS

Conditions & Treatments:

ASTHMA

Other Conditions:

OTHER

Our children attend the following school(s) and are involved in the following extracurricular programs:

The schools your children currently attend

The extracurricular activities your children are currently involved in

FINANCIAL

We have structured our estate to provide for our children financially through our living trust. We expect that while our children are minors our Trustee will consult regularly with our children's guardian regarding their financial needs. It is our greatest hope that our Trustee will use considerable thought to impart important lessons about the value of money and our values about money and teach our children to be financially smart.

We consider the following priorities the most important when it comes to the use of the financial resources we have left for our children:

The financial priorities that are most important to you when it comes to the use of the financial resources you have left for your children

We would like our children to receive an allowance at the following age and in the following amounts:

Children should receive an allowance at the following age and in the following amounts:

We would like our Trustee to keep in mind our feelings as follows about providing transportation for our children when they are old enough to drive a vehicle:

Thoughts on providing transportation for children when they are old enough to drive a vehicle

We would like our guardian to teach our children the value of money in the following ways:

Guardians should teach children the value of money in the following ways

The following is a list of items we would expect our children to ask us for money for and which we would help them with, if asked:

items children might ask for money for and which they should receive help with

COMMUNITY

We are involved in the following organizations and activities:

Organizations important to you and your family

Activities important to you and your family

We would like our children to be introduced to the following organizations and activities that support the community:

Organizations you would like your children involved in

Activities you would like your children involved in

We have the following charitable inclinations and would like these to be further developed in our children:

Your own charitable inclinations that you would like to be further developed in your children:

VALUES

The personal values that are most important to us and that we would like our children to have a strong understanding of are as follows:

Personal values that are most important to you and that you would like your children to have a strong understanding of

RELIGION AND SPIRITUALITY

Our children have been raised in the following religion or tradition:

Religious practices and traditions your children have been raised with

It is important to us that our children observe the following holidays:

Religious holidays which are important to you and your children should celebrate

It is important to us that our children participate in the following religious community:

Religious communities important to you and that your children should participate in

EDUCATION

We strongly prefer that our children attend:

N/A

In selecting and monitoring our children's educational experiences, it is important to us that the guardian be closely involved in our children's education by:

Educational involvement that you want your guardians to participate in such as Boosters, Parent-Teacher Organizations, etc.

In addition, it is important that our guardian round out our children's education by providing opportunities outside of the classroom to enjoy:

Important extracurricular opportunities and experiences that you want your children to participate in such as sports, dance, art, etc.

DISCIPLINE

It is important to us that our children be disciplined in a manner consistent with our values and children-rearing practices.

The following methods of discipline are totally unacceptable to us, and if our guardian feels he or she requires these methods, we wish that person to decline to accept guardianship of our children:

Inappropriate discipline unacceptable to you

The following methods of discipline are those we use most frequently because we believe they are appropriate and effective:

Appropriate discipline acceptable to you

PARENTING RESOURCES

The following resources (books, organizations, etc.) have been helpful to us as we have developed our parenting philosophy. We encourage our children's guardian to consider these resources for himself or herself:

Other parenting resources you have found helpful including books, organizations, parent groups, internet sites, etc.

MISCELLANEOUS INSTRUCTIONS

Miscellaneous instructions to guardians such as family traditions you would like carried on, feelings about the children having pets, etc.

Dated this _____ of _____, _____

MOM

DAD

**INSTRUCTIONS TO THE CAREGIVER
OF MINOR CHILDREN OF
MOM and DAD**

MOM

123 Mom St

(617) 555-5555

janedepalma@gmail.com

DAD

123 Dad St

(617) 555-6666

janedepalma@gmail.com

OUR CHILDRENS' NAMES AND BIRTH DATES

Child

Birth Date

BABY

Jan 01, 2019

CHILD

Jan 01, 2014

In the event of an emergency in which you and/or our children are in danger, call 911. In the event of a situation in which you are unable to reach us and you need to call someone who has authority to take custody of our children, **please call the following people before calling the police, or if the police come to my home to notify you of my incapacity or death.**

If you call the police, they might place our children in the foster care system temporarily until they decide who to place our children with.

Instead, please call the first responders in the order below, all of whom have legal authority to care for my child. . Please tell the them that I am in need of a temporary guardian for my child. Remind them to have the temporary guardian authorizing document in hand.

Person

Phone

SISTER

(617) 555-7777

BROTHER

(617) 555-0000

Remember: **do not call the police** until my child is safely in the care of one of these designated first responders.

If you cannot reach anyone on this list, please call our attorney:

N/A

IMPORTANT HEALTHCARE INFORMATION FOR OUR MINOR CHILDREN

Child 1

Full Legal Name:	Birth Date:	Age:	Gender:
BABY	Jan 01, 2019	1	Female

Doctor's Information:

Doctor's Name: Dr. DOCTOR
Doctor's Address: 123 Doctor St, Westwood, MA 02090
Doctor's Office Phone: (617) 555-2222
Doctor's Emergency Phone: (617) 555-2220
Medical Insurer/Health Plan: EMPLOYER
Policy #: 123456789

Allergies to Medications:

MEDICINES

Allergies (Other):

GRASS

If applicable, please note the conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Dentist's Information:

Dentist's Name: Dr. DENTIST
Dentist's Address: 123 Dentist St., Westwood, MA 02090
Dentist's Office Phone: (617) 555-3333
Dentist's Emergency Phone: (617) 555-3330
Medical Insurer/Health Plan: EMPLOYER

Policy #: 123456789

Child 2

Full Legal Name:	Birth Date:	Age:	Gender:
CHILD	Jan 01, 2014	6	Male

Doctor's Information:

Doctor's Name: Dr. DOCTOR
Doctor's Address: 123 Doctor St, Westwood, MA 02090
Doctor's Office Phone: (617) 555-2222
Doctor's Emergency Phone: (617) 555-2220
Medical Insurer/Health Plan: EMPLOYER
Policy #: 123456789

If applicable, please note the conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Dentist's Information:

Dentist's Name: Dr. DENTIST2
Dentist's Address: 123 Dentist St., Westwood, MA 02090
Dentist's Office Phone: (617) 555-9999
Dentist's Emergency Phone: (617) 555-9990
Medical Insurer/Health Plan: EMPLOYER
Policy #: 123456789

Parents:

MOM
123 Mom St

DAD

123 Dad St

Alternate Emergency Contacts in the event Parents cannot be reached:

Name

Phone

NEIGHBOR

(617) 555-9876

FRIEND

(617) 555-6789