

# SHIELD Christian Co-Op

Sharing Homeschool Instruction, Enrichment, Learning, & Discipleship

## **Request for Guardianship**

My children, listed below, will need temporary guardianship while attending an event or Friday School with SHIELD Christian Co-op.

| Name of child | Age |
|---------------|-----|
|               |     |
|               |     |
|               |     |
|               |     |

Guardianship is requested for the following dates and activity listed below:

\_\_\_\_\_

I am unable to attend and participate in the above listed SHIELD event or Friday School with my children because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_ will assume temporary guardianship for my children while I am unable to attend the SHIELD event or Friday School.

I understand that this form authorizes temporary guardianship only during the above listed SHIELD event or Friday School class hours. Should the need arise, I authorize above named person to seek medical care for my children named above.

Parent Signature \_\_\_\_\_

Temporary Guardian Signature \_\_\_\_\_

Phone numbers where parent can be reached \_\_\_\_\_

---

“Every word of God is pure. He is a shield to those who put their trust in Him.” Proverbs 30:5

shieldchristiancoop@gmail.com