

Today's date: _____

Columbia Christian Homeschool Co-op Temporary Guardianship Form

I, _____, hereby authorize
_____ to serve as a temporary
guardian for my child(ren), listed below, while at Columbia
Christian Homeschool Co-op only during my absence.

Date: _____ Hours: _____

Reason for my absence:

- Illness/injury in immediate family (self/spouse/children)
- Funeral
- Co-op Field Trip
- Emergency: _____
(please state emergency)

Child(ren)

_____	_____
_____	_____
_____	_____

In case of emergency, please call: _____

Cell Phone # _____

Signature of Parent

CCHC Board Member

Signature of Guardian

Date