



Excelsior School

Legal Guardianship Appointment

Whereas, (parent name) _____ and (parent name) _____ are the parents and natural guardians of the following child(ren):

_____ Age _____ Date of Birth _____
Full Name

_____ Age _____ Date of Birth _____
Full Name

I appoint (Full Name) _____ (Address) _____
to act as legal guardian of the minor child(ren) stated above while he/she is studying in U.S.A. Should
(name) _____ be unable to serve, I appoint (Full Name) _____
(Address) _____ as a secondary legal guardian of the child(ren).

The appointed guardians shall have the following authority:

- a) Residential custody of the minor child(ren)
- b) To approve medical treatment of any kind or type or disapprove the same within the bounds of the law
- c) To designate schooling for the minor child(ren), and access to any and all of their educational records
- d) To generally act in loco parentis.

In the event that I am the custodian of any property for the minor child(ren) under the Uniform Transfer to Minors Act, or the Uniform Gifts to Minors Act or similar statute, I designate the guardian to act as custodian for all such custodial property.

Signature

Date

Signature

Date

Signature

Date