

DESIGNATION OF TEMPORARY GUARDIAN

CHILD: *(A separate form must be completed for each child.)*

Full Name: _____ Date of Birth: _____

PARENTS: *(Each parent must execute this form.)*

We, the individuals identified below, hereby declare that we have legal custody of the above-named child.

Parent 1:

Parent 2:

Name: _____
Address: _____
Phone: _____
Email: _____

Name: _____
Address: _____
Phone: _____
Email: _____

STATEMENT OF CONSENT

We, the parents of the above-named child, grant temporary guardianship to DAWAT-E-ISLAMI, INC., an educational institution located at 13130 ALSTON RD., SUGAR LAND, TX 77478. We acknowledge that the child will reside with DAWAT-E-ISLAMI, INC. who we authorize to act on our behalf, as *in loco parentis*, in making all decisions on a daily basis as to the child’s activities, including but not limited to:

1. to establish a place of residence for the child, and the child is authorized to reside and travel with DAWAT-E-ISLAMI, INC. and its designated agents and representatives;
2. to make all decisions related to the child’s educational, religious, and recreational activities and undertakings; and
3. to administer general first aid treatment for any minor injuries or illnesses experienced by the child. If the injury or illness is life-threatening or needs emergency treatment, DAWAT-E-ISLAMI, INC. is authorized to summon any and all professional emergency personnel to attend, transport, and treat the child. DAWAT-E-ISLAMI, INC. is further authorized to consent to any x-ray, radiographs, anesthetic, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution.

The parent(s) agree that they shall be solely responsible for the payment of any and all bills and expenses that have been paid and/or incurred on behalf of the child. The parent(s) shall obtain health insurance coverage for the child that provides basic health care services, including usual physician services, office visits, hospitalization, and laboratory, x-ray, and emergency services. The parent(s) shall maintain such health insurance for the child as long as the child is attending DAWAT-E-ISLAMI, INC. and shall provide DAWAT-E-ISLAMI, INC. with a copy of the health insurance policy, insurance card, and any other forms necessary for the use of the insurance at the time of enrollment of the child at DAWAT-E-ISLAMA, INC., and each time the policy is renewed and/or changed.

DURATION

This Designation of Temporary Guardian is effective beginning on the date this Declaration is executed by the parents and continues for as long as the child is attending DAWAT-E-ISLAMI, INC. The parents understand that, without exception, they have the right to revoke this Designation of Temporary Guardian in writing, except to the extent DAWAT-E-ISLAMI, INC has acted in reliance upon it.

Signature of Parent 1

Signature of Parent 2

STATE OF TEXAS §
 §
COUNTY OF FORT BEND §

Before me, a notary public of said state, personally appeared _____ (Parent 1) and _____ (Parent 2), personally known to me or proved to me on the basis of satisfactory evidence to be the persons whose name are subscribed to this Designation of Temporary Guardian, and acknowledged that he/she executed the same in the capacity therein stated.

WITNESS MY HAND and official seal on the ____ day of _____.

Notary Public, State of Texas