



Temporary Guardian Form

Student Name: _____

Student DOB: _____

Parent/ Carer Name: _____

Name of Chaperone/ Temporary Guardian: _____

Delegation of Temporary Guardianship

I agree to let the above listed chaperone/ temporary guardian take responsibility for the student listed above. As a temporary guardian, I assign them permission to make decisions on behalf of myself including medical administration during the Rising USA tour, 01/02/20- 14/02/20.

Signed: _____ Date: _____

(Parent/ Carer)