KALMAR NYCKEL
The Tall Ship of
DELAWARE

Kalmar Nyckel Foundation
Appointment of Temporary Guardianship

I, _____ appoint_____
(print name) (print name)

as temporary guardian of my child_____ to make
(print name)

emergency health care decisions as required.

This guardianship shall be in effect during the following dates unless revoked in writing:

From_____ through _____
(date) (date)

Child's insurance info:
Insurance Company:_____

Name of Member (name on card):_____

Member ID # and Group #:_____

Phone # of insurance company:_____

Signed (Parent) _____Date _____

I hereby agree to be responsible for this Minor during the above written dates.

Signed (Guardian) _____ Date_____

Kalmar Nyckel Foundation
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