
GUARDIANSHIP CONSENT

In the event that anything should happen I appoint _____
to act on my behalf for the appropriate care of my child. I accept that this
Guardian Actor has temporary guardianship over my child. I understand
that they will oversee my child at all times in the event of my absence. I am
fully aware that the rules of the household will be made known to the
Guardian Actor and will agree to any open communication between the
Guardian Actor and myself.

SIGN: _____ **DATE:** _____

SUPPORT SERVICES AGREEMENT

Provider: Brittany Rosenthal d/b/a The Backstory

Client:

Child of Interest:

Description of Services:

Provider shall supervise Child of Interest for the period outlined below. Supervision shall involve monitoring the safety, health, and well being of the Child. Supervision duties of Provider shall also include the safe and secure transportation of the Child as directed by the Client.

Limited Guardianship and Limited Power of Attorney:

Client grants Provider the limited powers to act on behalf of Client with respect to all affairs of the Child related to the contracted services. These limited powers do not extend to financial decisions or acts related thereto of the Client or the Child. These limited powers do allow Provider to execute necessary documentation for the non-financial endeavors of the Client and the Child.

Duration of Services/Schedule:

Fee Structure:

Date: _____

_____, Client

_____, Client

Brittany Rosenthal d/b/a The Backstory, Provider

