GRANT OF TEMPORARY CUSTODY AND AUTHORITY TO MAKE DECISIONS FOR WELFARE OF CHILD, INCLUDING AUTHORIZATION OF HEALTH CARE TREATMENT

GRANT OF AUTHORITY: I,	have primary custody of, DOB/ I am the [] mother []
father, or [] legal custodian of the child purs	, DOB// I am the [] mother [] uant to a court order. I hereby grant temporary and limited (grantee) (relationship) of the child, and authorize her/him to make
decisions in the best interest of the child and fo	r purposes of medical and dental needs, safety, education, general he grantee may receive records related to the child, from any
complete medical evaluation, testing, treatment	health care facilities are hereby authorized to furnish full and and ifesaving procedure to my child as requested by the of all medical records and furnishing of any information and er.
or until	shall be effective from/ through// I understand that I have authority
to revoke this grant at any time.	
rights to the child and any such action shall imr	not authorize the grantee to interfere in any way with my legal mediately terminate the authority I grant under this document.
Signature	Date
Printed Name	
STATE OF WASHINGTON)) ss COUNTY OF)	
COUNTY OF)	
On this day personally appeared before meindividual described in and who executed the within same as her/his free and voluntary act and deed, for	, to me known to be the and foregoing instrument, and acknowledged that she/he signed the the uses and purposes therein mentioned.
	GIVEN under my hand and official seal this day of, 20
	NOTARY PUBLIC in and for the State of Washington, My appointment expires:
VOLUNTARY CUSTODY AGREEMENT	Lummi Tribal Court

VOLUNTARY CUSTODY AGREEMENT Page 1

2665 Kwina Road Bellingham, WA 98226 (360) 312-2239