

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

CASE NO: _____

IN THE INTEREST OF:

_____,
Minor Child

PARENTAL CONSENT FOR TEMPORARY LEGAL CUSTODY

THE UNDERSIGNED, being duly sworn, hereby states the following:

1. My name is _____, and I am the _____ Mother or _____ Father of the above named child.
2. My current address is _____.
3. I hereby give my consent for the Petitioner, _____ *{name of petitioner}* to have temporary legal custody of _____ *{name of child}*. I understand that this consent will be filed with the court record in _____ County, Florida.
4. I understand that at any time after the Court enters an order awarding temporary legal custody of the child to the Petitioner, I may request the Court terminate the order and return legal custody to me if the court finds that I am a fit parent.
5. I understand that by giving consent, the Court will authorize the Petitioner to take all necessary steps to care for my child, including but not limited to, the following:
 - a. Authorize and consent to all reasonable and necessary medical and dental care, including nonemergency surgery and psychiatric care.
 - b. Secure copies of the child's records held by third parties that are necessary to the care of the child, including, but not limited to, medical, dental and psychiatric records, birth certificates and education records;
 - c. Enroll the child in school and grant or withhold consent for the child to be tested or placed in special school programs, including exceptional education;
 - d. Do all other things necessary for the care of the child.

Signature of Parent

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC – STATE OF FLORIDA

[Print, type, or stamp commissioned name
of notary.]

_____ Personally known

_____ Produced identification

Type of identification produced _____

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS
BELOW:** [fill in all blanks]

I, {full legal name and trade name of nonlawyer} _____,
A nonlawyer, located at {street} _____, {city} _____
{state} _____, {phone} _____, helped {name} _____,
fill out this form.