

IN THE CIRCUIT COURT IN AND FOR SANTA ROSA COUNTY, FLORIDA

IN THE INTEREST OF:

\_\_\_\_\_  
D.O.B.: \_\_\_\_\_

Case Number: \_\_\_\_\_  
Division: \_\_\_\_\_

**PARENTAL CONSENT TO AWARD TEMPORARY LEGAL CUSTODY**

The undersigned, being duly sworn, here by states:

1. My name is: \_\_\_\_\_.
2. My current address is \_\_\_\_\_.
3. I am the ( ) Mother ( ) Father of the above named child.
4. I hereby give consent for \_\_\_\_\_ to have temporary legal custody of my child.
5. I understand this consent may be filed with the Court record in \_\_\_\_\_ County, Florida.
6. I understand that at any time after the Court enters an Order awarding temporary legal custody of my child to \_\_\_\_\_, I may request the Court terminate the Order and return my legal custody to me.
7. I understand by giving this consent, the Court will authorize \_\_\_\_\_ 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 non-emergency 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 educational 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.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Parent's name typed or printed

STATE OF FLORIDA COUNTY OF SANTA ROSA

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

- ( ) Personally known  
 ( ) Produced Identification \_\_\_\_\_

DONALD C. SPENCER  
CLERK OF THE CIRCUIT COURT

BY: \_\_\_\_\_  
Deputy Clerk

OR

\_\_\_\_\_  
Notary Public – State of Florida