

Guardianship Authorization

_____ born _____, who is
(Name) (D.O.B)
currently under guardianship of the Department of Human Services and is under placement
supervision of _____ or is a resident of
Social Worker

_____ is hereby given authorization and permission to:
Facility

- Have any duly licensed physician conduct such major medical, psychiatric, or surgical treatment as may become necessary to safeguard the ward's health.* (See * when this form is used as a blanket authorization for a purchase of service agency.)
- Operate the following described automobile: (Permission applies only when the ward has no parents legally and remains in effect only as long as insurance coverage continues on this automobile and the ward maintains a valid Iowa driver's license or permit.)

Make	Model	Color

Insurance and driver's license requirements have been met.

- Enlist in the armed forces of the United States.
- Marry

Note: This form is not valid if more than one authorization is checked.

Service Area Manager
or Designee Signature _____ Date _____

Institutional Superintendent Signature _____ Date _____
Iowa Department of Human Services

Guardian of the person pursuant to Order of the _____ District
Court of Iowa in _____ county. Entered the _____ day of _____.

* To be used only for emergencies or the usual medical, dental, and eye care. For major surgery or unusual medical problems, contact the guardian.