

Child Care Authorization

Date:

To: Whom it May Concern

The purpose of this letter is to advise you of the authority given to _____
("Child Care Provider") over _____ ("Minor
Children").

This grant of temporary authority shall begin on _____ and end on
_____, unless terminated earlier by any of the undersigned.

The above Child Care Provider shall have the absolute and final authority to:

1. Seek appropriate medical treatment or attention on behalf of the Minor Children as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
2. Authorize medical treatment or medical procedures in an emergency situation.
3. Make appropriate and necessary decisions regarding clothing, bodily nourishment, and shelter.
4. Explain absences from school; pick Minor Children from school.
5. Sign release forms for sports and field trips.

Thank you for your understanding, cooperation and prompt adherence to this authorization.

Yours very truly,

Parent 1

Parent 2

Child Care Provider

Names of Children;
Social Security Numbers, if available