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