

## 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