Child Care Authorization

Parent(s)/guardian(s) granting this child care authorization

1.

2. Full name of the caregiver to whom temporary power is being granted

Name:
The caregiver is being granted temporary power over the following children:

Child 1
Child 2
Child 3
Child 4
Child 5
Child 6

Caregiver Powers

The caregiver shall have the following powers with regard to the above-named children (check all that apply):

☐ To seek medical care for the children, including, but not limited to, visits to the doctor and/or hospital.

☐ To authorize medical treatment or medical procedures in the event of an emergency situation.

☐ To provide food and shelter for the children, and to make decisions regarding their day-to-day activities.

☐ To transport the children in the caregiver’s car, including authorization to pick the children up from school or daycare.

☐ Other:

Duration

☐ Until terminated by the undersigned parents or guardians

☐ This authorization will terminate on the following date:

Effective Date

Signature ____________________________ Date __________

Signature ____________________________ Date __________