

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