

CHILD CARE AUTHORIZATION

ONE PER CHILD

I, the undersigned parent, _____, of _____,
PARENT NAME ADDRESS

_____, _____, _____, hereby grant _____,
CITY STATE ZIP GUARDIAN NAME

of _____, _____, _____,
ADDRESS CITY STATE ZIP

the authority to take temporary care of the following child: _____.
CHILD'S FULL NAME

This grant of temporary authority shall begin on _____, and shall remain effective
DATE

through _____.
DATE

The above named Caretaker(s) shall have the power to: (STRIKE THRU ANY AUTHORITY NOT GRANTED)

- Seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits
- Authorize medical treatment or medical procedures in an emergency situation
- Make appropriate decisions regarding clothing, bodily nourishment, and shelter
- Pick child up from school
- Sign release forms for sports
- Sign release forms for field trips

_____, _____
PARENTS SIGNATURE DATE

Final Checklist for Child Care Authorization

Make It Legal

_____ The Child Care Authorization document should be signed, but it is not necessary that the signature be witnessed or notarized.

Copies

_____ The Parent(s) or legal guardian should provide the original copy of the Authorization to the Caretaker(s).

_____ Parent should keep one copy of the Authorization document for his or her records.