

# CHILD CARE AUTHORIZATION

The undersigned parent(s), \_\_\_\_\_ of  
\_\_\_\_\_, \_\_\_\_\_,  
Hereby grant(s) \_\_\_\_\_ of  
\_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, the authority to take  
temporary care of the following child(ren):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This grant of temporary authority shall begin on \_\_\_\_\_, and shall remain effective through \_\_\_\_\_.

The above named caretaker(s) shall have the following powers:

- The power to seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
- The power to authorize medical treatment or medical procedures in an emergency situation.
- The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_  
\_\_\_\_\_