**CHILD CARE AUTHORIZATION**

**LETTER**

Date (the **“Effective Date”**):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_\_\_\_\_\_

County:\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(the **“Parent/Guardian”**), residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the **“Caretaker”**), residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , the authority to take temporary care of the below described minor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*specify name of one or several minors*]

I authorise the Caretaker(s) named above to perform the following acts regarding the minor(s), and the Caretaker(s) voluntarily assumes the responsibility of performing these functions:

* Provide daycare for the minor(s).
* Make emergency health care decisions on behalf of the minor(s).
* Authorise medical treatment or appointments and consent to medical care deemed necessary by the medical providers at the time of the appointment.
* Provide clothing, nourishment, and shelter to the minor(s).
* Enrol the minor(s) in a daycare program, public or private preschool, and primary or secondary school.
* Pick up the minor(s) from school.
* Authorise the minor(s) to participate in age-appropriate extracurricular, civic, social, or recreational activities.
* Apply for and receive public benefits on behalf of the minor(s).
* Other

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This grant of temporary authority shall begin on the Effective Date and shall remain in full force until:

* terminated by the undersigned.
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*specify the date*]

By signing this Authorization Letter, the Parent/Guardian and the Caretaker acknowledge that they have each read this document carefully, have signed it voluntarily, and assume full responsibility for any risks arising hereto.

Parent’s/Guardian’s Name and Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caretaker’s Name and Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **NOTARY ACKNOWLEDGEMENT** [May be required in certain States]

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