CHILD CARE AUTHORIZATION

I, the undersigned parent, _____, hereby grant _____, the authority to take temporary care of the following child(ren): _____ _____.

This grant of temporary authority shall begin on _____, and shall remain effective until terminated by the undersigned.

The above named Caretaker(s) shall have 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
- authorize medical treatment or medical procedures in an emergency situation

Dated: _____

_____

_____

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