

# Free Child Care Authorization Forms

I, [Parent/Guardian Name], as the legal guardian of [Child's Full Name], born on [Child's Date of Birth], hereby designate [Caregiver's Full Name] as the temporary caregiver for my child, effective from [Start Date] through [End Date].

[Caregiver's Full Name] is entrusted to perform the following duties and responsibilities:

1. Overseeing daily routines, including meals, hygiene, and bedtime.
2. Supervising extracurricular or recreational activities.
3. Transporting my child to and from educational institutions or scheduled appointments.
4. Administering over-the-counter or prescribed medications as directed by a healthcare provider.

In the event of medical emergencies, [Caregiver's Full Name] is granted the authority to seek medical attention for my child at [Preferred Hospital/Clinic Name] or an alternative suitable facility. I will provide any relevant insurance information to facilitate this process.

I can be reached at [Primary Contact Number] or [Secondary Contact Number] for any necessary communications. Additionally, I authorize the caregiver to contact [Alternate Emergency Contact Name] at [Phone Number] if I am unavailable.

This authorization remains valid for the dates specified unless revoked in writing prior to [End Date].

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_