

# Printable Child Care Authorization Form

To Whom It May Concern,

I, [Parent/Guardian Name], the lawful parent and guardian of [Child's Full Name], born on [Child's Date of Birth], do hereby confer temporary custodial authority upon [Caregiver's Full Name], effective from [Start Date] to [End Date].

This delegation is granted with the intent of enabling [Caregiver's Full Name] to provide comprehensive care and oversight of my child during the specified period. The scope of this authorization includes, but is not limited to:

1. Ensuring the child's daily care, including sustenance, hygiene, and routine activities.
2. Supervising and facilitating educational, recreational, and extracurricular engagements.
3. Administering both prescribed and non-prescription medications as per the directives of a licensed healthcare practitioner.
4. Arranging transportation to and from scholastic institutions, healthcare facilities, and other necessary destinations.

In exigent circumstances necessitating medical intervention, [Caregiver's Full Name] is authorized to procure emergency medical services and consent to any treatment deemed necessary by qualified medical professionals. This includes, but is not limited to, diagnostic procedures, hospitalization, and surgical interventions. Relevant insurance information and prior medical history will be furnished to the caregiver.

This authorization further allows [Caregiver's Full Name] to liaise with educational and healthcare institutions regarding my child's welfare. Should any disputes or uncertainties arise, I am available for immediate consultation at [Primary Contact Number] and [Secondary Contact Number]. For additional support, [Alternate Contact Name and Relationship] at [Phone Number] may also be contacted.

This legal instrument is valid until [End Date] unless expressly revoked in writing by me before its expiration.

Sincerely,

[Parent/Guardian Name]

Signature: \_\_\_\_\_

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