

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: _____
