

Caregiver's Authorization

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Why is care required? \_\_\_\_\_

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

Explain the arrangement between the legal parents and the care provider. \_\_\_\_\_

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

What school is the child currently attending? \_\_\_\_\_

What is the preferred school? \_\_\_\_\_

Will transportation arrangements need to be made? \_\_\_\_\_

PARENT: Print Full Legal Name \_\_\_\_\_

I am authorizing the caregiver listed below to make school-related medical decisions for my child. I am also authorizing the caregiver listed below to make enrollment and educational decisions for my child. I agree to notify the school 30 days prior to the termination of the care agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CAREGIVER: Print Full Legal Name \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ State driver's license or identification number: \_\_\_\_\_

As caregiver I understand that I may be called upon to make school-related medical decisions or enrollment and educational decisions for the child listed on this form. I agree to notify the school 30 days prior to the termination of the care agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public: