

CHILD CARE AUTHORIZATION

I/We, _____ and _____, the parent(s) or guardian(s) of the below described minor(s), and legally entitled to give this authorization, grant _____ temporary authority, limited to the below defined powers, over the following children:

- _____
- _____
- _____
- _____

The powers granted to said temporary guardian _____ are limited to the following:

- To seek medical care for the children, including, but not limited to, visits to the doctor and/or hospital.
- To authorize medical treatment or medical procedures in the event of an emergency situation.

This grant of authority is effective as of ____/____/____, and shall remain in effect until ____/____/____.

This grant of authority is signed this ____ day of _____, 2004, in the County of _____, State of _____.

(Guardian Signature)
(Print Guardian Name)

(Guardian Signature)
(Print Guardian Name)