

Child Care Authorization Form (Kinship Care)

I, the undersigned parent, _____, of
_____ (parent)
_____, hereby grant
_____ (address)
_____ of _____, the
_____ (caretaker) _____ (address)

authority to take temporary care of my below-named minor child:
_____, date of birth _____. I grant
_____ (child)
power of attorney to the above caregiver to make educational decisions on my behalf.

Provide an explanation why the parent is unable to provide care for the above named child.

_____.

This grant of temporary authority shall begin on _____ and shall remain effective until terminated by the parent. I understand that I will notify the school within 30 days of when the kinship care arrangement ends.

The above-named caretaker shall have the power to do the following:

- Seek appropriate medical treatment or attention
- Make emergency health care decisions
- Provide clothing, nourishment, and shelter
- Explain absences from school
- Pick up child from school
- Sign release forms for sports and/or field trips
- And all other powers

Date: _____
Parent Address: _____ Home phone: _____
Parent Signature: _____ Cell phone: _____
Caretaker Address: _____ Home phone: _____
Caretaker Signature: _____ Cell phone: _____

Notary Public Name: _____ Date: _____
Seal: