

# TEMPORARY AUTHORIZATION FOR CHILD CARE AND MEDICAL TREATMENT

This Temporary Authorization for Child Care and Medical Treatment is made and entered into on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

## I. PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION

Parent/Legal Guardian 1 Full Name: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Email Address(es):** \_\_\_\_\_

Parent/Legal Guardian 2 Full Name (if applicable): \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**Email Address(es):** \_\_\_\_\_

## II. CHILD(REN) INFORMATION

Child 1 Full Name: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Allergies, Medical Conditions, or Special Needs:**

---

Primary Physician Name: \_\_\_\_\_

**Primary Physician Phone:** \_\_\_\_\_

Child 2 Full Name (if applicable): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Allergies, Medical Conditions, or Special Needs:**

---

---

Primary Physician Name: \_\_\_\_\_

**Primary Physician Phone:** \_\_\_\_\_

Child 3 Full Name (if applicable): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

**Allergies, Medical Conditions, or Special Needs:**

---

---

Primary Physician Name: \_\_\_\_\_

**Primary Physician Phone:** \_\_\_\_\_

(Add additional child sections as needed)

### **III. BABYSITTER/CAREGIVER INFORMATION**

**Babysitter/Caregiver Full Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Relationship to Child(ren) (if any):** \_\_\_\_\_

### **IV. PERIOD OF AUTHORIZATION**

This authorization is effective from the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, and shall remain in effect until the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, unless sooner revoked in writing by the undersigned Parent(s) or Legal Guardian(s).

### **V. GENERAL CARE INSTRUCTIONS**

**The Babysitter/Caregiver is authorized to make day-to-day decisions regarding the care, safety, and well-being of the child(ren) listed above, consistent with the following instructions:**

---

---

---

---

---

## VI. MEDICAL AUTHORIZATION

I/We, the undersigned Parent(s) or Legal Guardian(s), hereby authorize the Babysitter/Caregiver, \_\_\_\_\_ (Babysitter/Caregiver's Full Name), to seek and consent to medical, dental, surgical, and hospital care, including but not limited to diagnosis, treatment, and medication, for the child(ren) named in Section II, in the event of illness, injury, or medical emergency, when I/we cannot be reached immediately. This authorization includes, but is not limited to, the power to authorize:

1. **Emergency Medical Treatment:** Any emergency medical treatment, including hospitalization, surgery, anesthesia, or medication, deemed necessary by a licensed physician, surgeon, or dentist.
2. **Non-Emergency Medical Treatment:** Routine medical care, administration of prescribed medications, and other non-emergency treatments as deemed appropriate by the Babysitter/Caregiver in consultation with medical professionals, if I/we cannot be reached for direct consent.

**Health Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Group Number (if applicable):** \_\_\_\_\_

## VII. EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

**In the event of an emergency where the Parent(s) or Legal Guardian(s) cannot be reached, please contact the following individuals in the order listed:** 1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## VIII. ACKNOWLEDGMENT AND RELEASE

I/We understand that this authorization is given to ensure the prompt and appropriate care of my/our child(ren) in my/our absence. I/We release the Babysitter/Caregiver from any and all liability arising from actions taken in good faith pursuant to this authorization, except in cases of gross negligence or willful

misconduct.

This authorization is valid only for the period specified in Section IV.

---

PARENT/LEGAL GUARDIAN 1

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

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

PARENT/LEGAL GUARDIAN 2 (if applicable)

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

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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