

AUTHORIZATION FOR CARE OF MINOR CHILD

This Authorization for Care of Minor Child (hereinafter "Agreement") is entered into on the _____ day of _____, 20_____, by and between the undersigned Parent(s) or Legal Guardian(s) and the undersigned Caregiver(s).

I. PARTIES TO THE AGREEMENT

A. Parent(s) or Legal Guardian(s):

Parent/Legal Guardian 1: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Parent/Legal Guardian 2 (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

B. Caregiver(s):

Caregiver 1: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

Caregiver 2 (if applicable): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

C. Minor Child(ren) Subject to Care:

Full Name: _____ **Date of Birth:** _____

Full Name: _____ **Date of Birth:** _____

Full Name: _____ **Date of Birth:** _____

Full Name: _____ **Date of Birth:** _____

II. TERM OF AGREEMENT

This Agreement shall commence on the _____ day of _____, 20_____, and shall remain in effect until the _____ day of _____, 20_____, or until sooner terminated by either party as provided herein.

III. CAREGIVER'S RESPONSIBILITIES

The Caregiver(s) agree to provide the following care and supervision for the Minor Child(ren) during the term of this Agreement:

- 1. Daily Care:** Provide for the daily needs of the Minor Child(ren), including but not limited to, adequate food, shelter, clothing, hygiene, and supervision.
- 2. Safety and Well-being:** Ensure the safety, health, and general well-being of the Minor Child(ren) at all times.
- 3. Discipline:** Exercise reasonable and appropriate discipline consistent with the Parent(s)/Legal Guardian(s)' wishes, avoiding any form of physical or emotional abuse.
- 4. Transportation:** Provide or arrange for transportation for the Minor Child(ren) as needed for school, medical appointments, and other necessary activities.
- 5. Communication:** Maintain open and regular communication with the Parent(s)/Legal Guardian(s) regarding the Minor Child(ren)'s welfare, progress, and any significant events or concerns.

IV. AUTHORIZATION FOR MEDICAL CARE

The Parent(s)/Legal Guardian(s) hereby authorize the Caregiver(s) to consent to any necessary medical, dental, surgical, psychological, or hospital care, treatment, or procedures, including emergency medical treatment, for the Minor Child(ren) named above. This authorization includes, but is not limited to, the power to:

- 1.** Seek and obtain medical care from any licensed physician, hospital, or other healthcare provider.
- 2.** Consent to routine and emergency medical examinations, tests, diagnoses, and treatments.
- 3.** Administer over-the-counter medications as deemed appropriate by the Caregiver(s) for minor ailments.
- 4.** Release medical information to necessary healthcare providers.

The Parent(s)/Legal Guardian(s) shall be responsible for all medical expenses incurred on behalf of the Minor Child(ren), unless otherwise agreed upon in writing. The Caregiver(s) shall make reasonable efforts to contact the Parent(s)/Legal Guardian(s) prior to authorizing non-emergency

medical treatment.

Known medical conditions, allergies, or special healthcare needs of the Minor Child(ren):

V. AUTHORIZATION FOR EDUCATIONAL MATTERS

The Parent(s)/Legal Guardian(s) hereby authorize the Caregiver(s) to act on their behalf in all matters pertaining to the education of the Minor Child(ren) named above, including but not limited to: 1. Enrolling the Minor Child(ren) in school or other educational programs.

2. Communicating with school personnel regarding the Minor Child(ren)'s attendance, performance, and behavior.
3. Attending parent-teacher conferences and other school meetings.
4. Accessing the Minor Child(ren)'s educational records.
5. Consenting to school-sponsored activities and field trips.

The Caregiver(s) shall make reasonable efforts to keep the Parent(s)/Legal Guardian(s) informed of the Minor Child(ren)'s educational progress and any significant issues.

VI. FINANCIAL RESPONSIBILITY

The Parent(s)/Legal Guardian(s) shall retain primary financial responsibility for the Minor Child(ren), including but not limited to, medical expenses, educational costs, and personal allowances.

Any financial contributions or arrangements for the Caregiver(s)' expenses related to the care of the Minor Child(ren) shall be as follows:

VII. PARENTAL ACCESS AND COMMUNICATION

The Parent(s)/Legal Guardian(s) shall have the right to reasonable access and communication with the Minor Child(ren) during the term of this Agreement. The parties agree to establish a visitation

and communication schedule that is mutually agreeable and in the best interest of the Minor Child(ren).

Agreed-upon visitation and communication schedule:

VIII. REVOCATION OF AUTHORIZATION

This Agreement and the authorizations contained herein may be revoked by the Parent(s)/Legal Guardian(s) at any time by providing written notice to the Caregiver(s). Upon receipt of such notice, the Caregiver(s) shall promptly return the Minor Child(ren) to the Parent(s)/Legal Guardian(s). The Caregiver(s) may also terminate this Agreement by providing _____ days' written notice to the Parent(s)/Legal Guardian(s).

IX. GOVERNING LAW

This Agreement shall be governed by and construed in accordance with the laws of the state where the Minor Child(ren) primarily reside during the term of this Agreement.

X. SIGNATURES

By signing below, the parties acknowledge that they have read, understood, and agree to the terms and conditions of this Authorization for Care of Minor Child.

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: _____

CAREGIVER 1

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____

CAREGIVER 2 (if applicable)

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____