

STEPPARENT CONSENT LETTER

Date: _____ day of _____, 20 _____

I. DECLARATION OF BIOLOGICAL PARENT / LEGAL GUARDIAN

I, _____, residing at _____, am the biological parent / legal guardian of the minor child named below. I hereby declare that I am legally authorized to make decisions regarding the care and well-being of the said minor child.

II. CHILD'S INFORMATION

Child's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Place of Birth: _____

III. STEPPARENT'S INFORMATION

I hereby grant specific authority to my spouse, _____ (hereinafter referred to as "Stepparent"), who resides at _____, to act on behalf of the above-named minor child.

IV. SCOPE OF AUTHORITY GRANTED

I authorize the Stepparent to make decisions and take actions on behalf of the minor child in the following specific areas, as indicated below. This authorization is granted with my full knowledge and consent, and the Stepparent is expected to act in the best interests of the child.

Please indicate the specific areas of authority granted to the Stepparent: **Medical Treatment:**

To consent to medical, dental, surgical, and hospital care, including emergency treatment, for the minor child. This includes the authority to receive medical information and communicate with healthcare providers regarding the child's health.

Educational Matters: To communicate with school officials, access educational records, attend parent-teacher conferences, and make routine decisions regarding the child's education.

Travel: To travel with the minor child within _____ (e.g., state,

country, or specific region) and to consent to necessary travel arrangements. This does not include international travel unless specifically authorized in writing by me for each instance.

Emergency Situations: To act in any emergency situation requiring immediate decision-making for the safety and well-being of the minor child, including but not limited to contacting emergency services and making necessary arrangements.

Other Specific Authority:

V. DURATION OF AUTHORITY

This consent shall commence on the _____ day of _____, 20_____, and shall remain in full force and effect until the _____ day of _____, 20_____, or until the minor child reaches the age of majority, whichever occurs first, unless sooner revoked by me in writing.

VI. REVOCATION

I reserve the right to revoke this consent at any time by providing written notice to the Stepparent. Upon revocation, the Stepparent's authority to act on behalf of the minor child shall immediately cease.

VII. INDEMNIFICATION

I agree to indemnify and hold harmless the Stepparent from any and all claims, liabilities, damages, or expenses arising from actions taken by the Stepparent in good faith pursuant to the authority granted herein.

VIII. GOVERNING LAW

This Stepparent Consent Letter shall be governed by and construed in accordance with the laws of the State of _____.

IX. SIGNATURES

I affirm that I have read and understand the terms of this Stepparent Consent Letter and voluntarily grant this authority.

[BIOLOGICAL PARENT / LEGAL GUARDIAN]

Signature: _____

Print Name: _____

Date: _____ day of _____, 20_____

Address: _____

[If a second biological parent/legal guardian is also granting consent]

[SECOND BIOLOGICAL PARENT / LEGAL GUARDIAN]

Signature: _____

Print Name: _____

Date: _____ day of _____, 20_____

Address: _____