

CHILD CARE AUTHORIZATION

Appendix C

I _____, am the parent of the following child(ren), and legally entitled to grant this authorization.

Child's Name: _____ Child's Name: _____
Date of Birth: _____ Date of Birth: _____
Child's Name: _____ Child's Name: _____
Date of Birth: _____ Date of Birth: _____

I grant authority, limited to the below defined powers, over the above child(ren) to:

Name of person granted authorization: _____

Address: _____

Name of person granted authorization: _____

Address: _____

The powers granted to _____ are the following (**check and initial**):

- To authorize medical and dental care for the above child(ren), including but not limited to medical examinations, x-rays, tests, surgical operations, hospital care, or other treatments that are needed or useful for my child. Such medical treatments that are needed or useful for my child. Such medical treatment shall only be provided upon the advise of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice in the United States;
- To provide food and shelter for the above- named child(ren), and to make decisions regarding their day-to-day activities;
- To enroll the child(ren) in school and/or daycare and make educational decisions, including authority to consent to school-related activities and field trips;
- To transport the child(ren), including authorization to pick the child up from school or daycare;

- Other powers granted (for example in you want the caretaker to have authority to take the child(ren) out of state, write that here):

Check one:

- This grant of authority is effective as of _____ and shall remain in effect until terminated by the undersigned parent or guardian.

- This grant of authority shall be valid for the following time period:
From _____, 20__ until _____, 20__ .

Parent/Guardian's signature: _____ Date: _____

Parent/Guardian's signature: _____ Date: _____

If you would like the Child Care Authorization notarized, please include the wording below.

State of California

County of _____

On _____ before me,
_____ (insert name and title of the officer) personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person (s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person (s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)