EMERGENCY CHILD CAREGIVER CONSENT AND AUTHORIZATION FORM

For use if a parent or legal guardian is detained, deported, hospitalized, or otherwise unable to care for the child

Important: This is a general planning form and is not a substitute for state-specific legal advice, court-ordered guardianship, or a state-required caregiver affidavit or power of attorney. The authority granted by this form may vary depending on state law.

1. PARENT / LEGAL GUARDIAN INFORMATION

Full Name _____

Date of Birth _____

Address _____

City / State / ZIP _____

Phone Number _____

Email _____

2. CHILD INFORMATION

Child's Full Legal Name _____

Date of Birth _____

Place of Birth _____

School / Daycare _____

School Phone Number _____

Doctor / Pediatrician _____

Doctor's Phone Number _____

Health Insurance _____

Insurance / Member ID _____

Known allergies, medical conditions, or special needs:

_____

_____

Current medications:

_____

_____

3. DESIGNATED CAREGIVER

I authorize the person named below to provide temporary care for my child if I am detained by U.S. Immigration and Customs Enforcement (ICE), placed in immigration custody, deported or removed from the United States, hospitalized, or otherwise unable to personally care for my child, to the extent permitted by applicable law.

Caregiver's Full Name _____

Relationship to Child _____

Address _____

City / State / ZIP _____

Phone Number _____

Email _____

4. AUTHORITY GIVEN TO CAREGIVER

[ ] Provide day-to-day care and supervision for my child.

[ ] Pick up and drop off my child at school, daycare, activities, or appointments.

[ ] Communicate with my child's school or childcare provider and receive information when legally permitted.

[ ] Arrange routine medical, dental, and mental-health appointments.

[ ] Consent to necessary medical or dental treatment when legally permitted.

[ ] Obtain prescriptions, medications, and health information when legally permitted.

[ ] Communicate with my child's health insurance provider.

[ ] Handle other reasonable matters necessary for my child's immediate safety and care.

5. EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached during a medical emergency, I authorize the designated caregiver to seek emergency medical or dental treatment for my child to the extent permitted by law. I authorize physicians, hospitals, emergency medical personnel, dentists, and other healthcare providers to provide medically necessary treatment when delaying treatment would endanger my child's health or safety.

6. PARENT'S WISHES

[ ] Temporarily remain with the caregiver named above.

[ ] Remain in the United States with the caregiver named above until I provide further instructions.

[ ] Join me outside the United States when legally possible and after appropriate travel arrangements and documentation have been completed.

[ ] Other: _____

7. SECONDARY EMERGENCY CONTACT

Full Name _____

Relationship to Child _____

Phone Number _____

Address _____

8. IMPORTANT DOCUMENTS / INFORMATION

[ ] Child's birth certificate

[ ] Child's passport

[ ] Parent's identification

[ ] Child's Social Security card, if applicable

[ ] Health insurance information

[ ] Medical and medication information

[ ] School information

[ ] Emergency contact information

[ ] Immigration attorney's contact information

[ ] Other important documents: _____

9. PARENT / GUARDIAN AUTHORIZATION

I am signing this document voluntarily. My intention is to make sure that my child is cared for and protected if I become unavailable because of immigration detention, deportation, removal proceedings, hospitalization, or another emergency. This authorization does not voluntarily terminate or surrender my parental rights. It is intended to provide temporary authority to the caregiver only to the extent permitted by applicable law.

Parent / Guardian Printed Name _____

Parent / Guardian Signature _____

Date _____

Second Parent / Guardian Name (if applicable) _____

Second Parent / Guardian Signature _____

Date _____

10. CAREGIVER ACCEPTANCE

I agree to serve as the emergency caregiver for the child identified above and to act in the child's best interests.

Caregiver Printed Name _____

Caregiver Signature _____

Date _____

11. WITNESS

Witness Printed Name _____

Witness Signature _____

Date _____

12. NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On _____, before me, the undersigned Notary Public, personally appeared _____, who proved to me through satisfactory evidence of identification to be the person(s) whose name(s) are signed above and acknowledged signing this document voluntarily for its stated purposes.

Notary Public Signature _____

My Commission Expires _____

Notary Seal:

Note: A notarized private consent form is not always the same as legal guardianship. For school enrollment, medical consent, travel, or long-term custody, the parent may need a state-specific caregiver affidavit, minor-child power of attorney, standby guardianship document, or court order.