

TEMPORARY CAREGIVER AUTHORIZATION FOR MINOR CHILD

Also commonly called a Temporary Guardianship Authorization, Minor Child Care Authorization, or Minor Child Power of Attorney. This is a general form and is not legal advice.

IMPORTANT INSTRUCTIONS

Complete this form before signing, but do not sign until you are in front of the Notary Public if notarization is required. Some schools, hospitals, courts, agencies, or states may require their own form or additional documents. Parents should consult an attorney or the appropriate court for legal advice about custody, guardianship, immigration, or long-term care arrangements.

1. PARENT / LEGAL GUARDIAN INFORMATION

Parent/Guardian Full Name _____	Phone Number _____
Street Address _____ _____	Email _____
City, State, ZIP _____	Relationship to Child _____

2. SECOND PARENT / LEGAL GUARDIAN INFORMATION, IF APPLICABLE

Second Parent/Guardian Full Name _____	Phone Number _____
Street Address _____ _____	Email _____

[] Not applicable / only one parent or legal guardian is available to sign.

3. MINOR CHILD INFORMATION

Child Full Legal Name _____ _____	Date of Birth _____ _____	Gender _____ _____
Child Address _____ _____		
School / Daycare Name _____	School Phone _____ _____	Grade _____ _____

4. AUTHORIZED CAREGIVER INFORMATION

Caregiver Full Name _____	Phone Number _____
Street Address _____ _____	Email _____
City, State, ZIP _____	Relationship to Child _____

5. AUTHORIZATION AND POWERS GIVEN TO CAREGIVER

I/we, the parent(s) or legal guardian(s) named above, authorize the caregiver named above to provide temporary care and supervision for the minor child named in this form. This authorization begins on _____ and ends on _____, unless revoked earlier in writing by the parent(s) or legal guardian(s).

- Provide daily care, supervision, food, housing, transportation, and general support for the child.
- Communicate with the child's school, daycare, teachers, counselors, and administrators.
- Enroll, withdraw, or assist the child with school, daycare, activities, or programs if accepted by the institution.
- Authorize routine medical, dental, mental health, and emergency treatment for the child when needed.
- Obtain copies of school, medical, insurance, or other records related to the child when permitted by law.
- Make reasonable decisions needed for the child's safety, health, education, and welfare while the parent/guardian is unavailable.

Limitations or special instructions:

6. IMMIGRATION / ABSENCE / EMERGENCY SITUATION

This section may be used when the parent or legal guardian may be traveling, outside the United States, detained, deported, hospitalized, unavailable, or otherwise unable to care for the child temporarily. Check all that apply:

- Parent/guardian will be traveling or outside the country.
- Parent/guardian may be unavailable due to immigration, detention, removal, deportation, or legal proceedings.
- Parent/guardian is unable to care for the child because of illness, hospitalization, emergency, or other absence.
- Caregiver should be contacted first in an emergency involving the child.
- Other: _____

7. MEDICAL AND EMERGENCY INFORMATION

Child Doctor / Clinic _____	Doctor Phone _____
Health Insurance Provider _____	Policy / Member ID _____
Allergies / Medical Conditions _____ _____	Medications _____

Emergency contacts other than caregiver:

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____

8. PARENT / GUARDIAN STATEMENT

I/we declare that I/we am/are the parent(s) or legal guardian(s) of the minor child named in this form and that I/we have legal authority to give this temporary authorization. I/we understand that this form does not permanently transfer custody and may not replace a court order when one is required. I/we may revoke this authorization in writing, subject to applicable law and any court order.

Parent/Guardian Signature: _____	Date: _____
Printed Name: _____	Phone: _____
Second Parent/Guardian Signature, if applicable: _____	Date: _____
Printed Name: _____	Phone: _____

9. CAREGIVER ACCEPTANCE

I accept the temporary caregiver responsibilities described in this form and agree to act in the best interest of the minor child.

Caregiver Signature: _____	Date: _____
Printed Name: _____	Phone: _____

10. NOTARY ACKNOWLEDGMENT

State of _____ County of _____

On this _____ day of _____, 20____, before me personally appeared the signer(s) named above, who proved to me through satisfactory evidence of identity to be the person(s) whose name(s) is/are signed on this document, and acknowledged that they signed it voluntarily for the purposes stated in this document.

Notary Public Signature: _____	Seal / Stamp
Printed Name: _____	
My Commission Expires: _____	