TEMPLATE

Childcare Authorization Form

This is a template, not legal advice

This document is a general-purpose template provided for information only. It is not legal advice, it does not create a lawyer–client relationship, and nobody has reviewed it against your situation.

Laws differ by country, state and province, and they change. A clause that is standard in one place can be unenforceable — or illegal — in another. Terms that are ordinary between two businesses can be void in a consumer or employment context.

Read every clause before you use it, fill in every blank, and delete anything that does not apply. For anything high-value, unusual, or that you could not afford to lose a dispute over, have a qualified lawyer in your jurisdiction review it before it is signed.

How to use this template

1. Read it end to end and delete any clause that does not apply to you. Blanks are shown as a grey label on a line.
2. Need the other party to sign too, with an audit trail and a tamper-evident seal? That is what the paid product does.

Childcare Authorization Form

This Childcare Authorization Form (this "Authorization") is made on [Date] by [Parent or legal guardian's full legal name] of [Parent or legal guardian's address and phone number] (the "Parent/Guardian"), being the parent or legal guardian of [Child's full legal name], born [Child's date of birth] (the "Child").

The Parent/Guardian authorizes [Authorized caregiver's full legal name] of [Authorized caregiver's address and phone number] (the "Authorized Caregiver") to act on the Child's behalf as described in this Authorization, for the period stated below. This is a one-way grant of authority by the Parent/Guardian: it is not an agreement between the Parent/Guardian and the Authorized Caregiver, it involves no fee, payment or exchange of services, and it takes effect on the Parent/Guardian's signature alone.

1. Scope of Authorization

This Authorization gives the Authorized Caregiver only the specific permissions described in clauses 3 to 5 below — travel, medical treatment, and school or daycare pickup — for the Child named above and no other child. It gives the Authorized Caregiver no authority beyond what is stated in this document.

This Authorization does not transfer, and does not affect, legal custody or guardianship of the Child. The Parent/Guardian remains the Child's parent or legal guardian for all purposes, with full parental rights and responsibilities, for as long as this Authorization is in effect.

2. Effective Period

This Authorization takes effect on [Start date] and continues until [End date], unless the Parent/Guardian revokes it earlier under clause 7. If no fixed end date applies, write 'until revoked' in place of an end date.

3. Travel Authorization

The Parent/Guardian authorizes the Authorized Caregiver to travel with the Child within [Permitted travel scope — e.g. 'domestic travel only' or 'domestic and international travel', and any named countries] during the period this Authorization is in effect.

[Specific destination(s) or trip details, if travel is limited to a particular trip — or write 'not limited to a specific trip'].

For international travel, many countries, airlines and border authorities require a signed and notarized consent letter from any parent or legal guardian not travelling with the Child, in addition to this Authorization, and some require a specific form of wording.

Check the requirements of the departure country, destination country and any transit country well before the trip — this Authorization alone may not be accepted at the border.

The Authorized Caregiver should carry a copy of the Child's birth certificate or passport, proof of the Parent/Guardian's relationship to the Child, and a copy of this Authorization when travelling with the Child.

4. Medical Treatment Authorization

The Parent/Guardian authorizes the Authorized Caregiver to consent, on the Child's behalf, to emergency medical, dental and surgical examination and treatment that a licensed physician, dentist, hospital or emergency medical provider considers necessary — including ambulance transport — if the Parent/Guardian cannot be reached promptly.

The Parent/Guardian also authorizes the Authorized Caregiver to consent to routine medical and dental care, including check-ups, vaccinations and administering prescribed medication, [limit or exclude any routine care here, or write 'with no exclusions'] .

The Parent/Guardian remains responsible for all costs of medical and dental treatment provided to the Child under this clause. The following information is provided for the treating provider:

(a) Health insurance provider and policy/member number: [Health insurance provider and policy number, or write 'none']

(b) Preferred physician and hospital, if any: [Preferred physician and hospital]

(c) Known allergies: [Known allergies, or write 'none']

(d) Current medications and dosages: [Current medications and dosages, or write 'none']

(e) Other medical conditions the provider should know about: [Other relevant medical conditions, or write 'none']

5. School and Daycare Pickup Authorization

The Parent/Guardian authorizes the school, daycare, after-school programme or camp the Child attends to release the Child into the care of the Authorized Caregiver named above, and of each additional person listed below, and to share routine attendance and welfare information with them. Each person should be asked to show government-issued photo identification before being allowed to collect the Child.

The following additional people are also authorized to pick up the Child:

(a) [Additional authorized person's full name, or write 'none'] — relationship to Child:

[Relationship to Child] — phone: [Phone number]

(b) [Second additional authorized person's full name, or delete this line] — relationship to Child: [Relationship to Child] — phone: [Phone number]

6. Emergency Contacts

If the Authorized Caregiver cannot reach the Parent/Guardian named above in an emergency, the following alternate contacts should be tried, in the order listed:

(a) [Alternate contact's name] — relationship to Child: [Relationship to Child] — phone: [Phone number]

(b) [Second alternate contact's name, or write 'none'] — relationship to Child: [Relationship to Child] — phone: [Phone number]

7. Revocation

The Parent/Guardian may revoke this Authorization at any time by giving written notice to the Authorized Caregiver, effective when that notice is delivered. This Authorization also ends automatically on the end date stated in clause 2, if any, or when the Child reaches the age of majority, whichever happens first.

The Authorized Caregiver has no authority under this Authorization once it has been revoked or has ended, even if a copy remains in the Authorized Caregiver's possession.

8. Notarization and Verification

Some recipients of this Authorization — including airlines, border officials, hospitals, and some schools — may require it to be notarized, apostilled, or accompanied by additional proof of the relationship between the Parent/Guardian and the Child before they rely on it, particularly for international travel or treatment by a provider unfamiliar with the family. Evenseal does not provide notarization; check the specific requirements of the airline, country, hospital or school this Authorization will be presented to, and have it notarized locally if required.

An electronic signature on this Authorization is legally recognized for ordinary purposes in most countries, but it does not, by itself, satisfy a notarization requirement where one applies.

9. Governing Law

This Authorization is governed by the laws of [Governing law, e.g. the State of Texas] .

10. General

This Authorization is the Parent/Guardian's complete statement of the authority granted to the Authorized Caregiver for the Child, and replaces any earlier authorization the Parent/Guardian gave the Authorized Caregiver for the same purpose. It may only be changed or extended by a new authorization signed by the Parent/Guardian.

This Authorization may be signed electronically, and may be presented as a photocopy or scan — a copy is as valid as the original when shown to a school, medical provider, airline or other third party.

This Authorization is granted solely by the Parent/Guardian's signature below and takes effect without any signature from the Authorized Caregiver.

Parent/Guardian

Signature: _____

Printed name: _____

Date: _____