**CHILD CARE AUTHORIZATION FORM**

The undersigned parent, (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby grants ROCHELLE COSTANZA, OF PLATINUM FARMS, 985 N. BLUFF DR.

FRANKTOWN, COLORADO, the authority to take temporary care of:

(child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_

This grant of temporary authority shall begin on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and shall

remain effective through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The above named caretaker shall have the following powers:

* The power to seek appropriate medical treatment or attention on behalf of the child as

may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.

* The power to authorize medical treatment or medical procedures in an emergency

situation.

* The power to make appropriate decisions regarding clothing, bodily nourishment, and

Shelter.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_