

ENRICH

Childcare Authorization Form

I, _____, the parent of the below described minor(s), and legally entitled to give this authorization, do grant _____ (Enrich member) the authority, limited to the below defined powers, over the following children:

_____ Child's Name
_____ Child's Name
_____ Child's Name

The powers granted to _____ (Enrich member) are limited to the following:

- To seek and authorize medical care for the children, including, but not limited to visits to doctor, and/or hospital, and/or medical treatment or procedures in the event that I cannot be reached.
- To transport the children in the caregiver's car, including authorization to pick the children up from Enrich.
- To fulfill on-site Parent Responsibilities as described in the Enrich Handbook.

This grant of authority is effective as of _____ (date) and shall remain in effect until _____ (date).

Parent Signature

Date