

**AUTHORIZATION FOR TEMPORARY CHILD CARE**

I (we) the parents(s), \_\_\_\_\_ and (or) \_\_\_\_\_  
Father Mother

Residing at \_\_\_\_\_  
Street Address City, State Zip Code AC & Phone No.

Testify I (we) are the legal guardian(s) of the child listed below, a minor under the age of majority.

\_\_\_\_\_  
Name Address City, State Zip Code

**DO HEREBY GRANT:**

\_\_\_\_\_  
Name Address City, State Zip Code

The authority to take temporary care of \_\_\_\_\_, to take effect  
Name of Child Listed Above

Beginning at \_\_\_\_\_ o'clock on \_\_\_\_\_, and ending at \_\_\_\_\_ o'clock on \_\_\_\_\_  
Time (AM/PM) Date Time (AM/PM) Date

The named child's pertinent medical history includes the following:

\_\_\_\_\_  
Date of Birth Allergies and (or) Known Medical Conditions All Medications Currently or Recently Taken

\_\_\_\_\_  
Name of Physician Physicians Phone Number Health Insurance Carrier

(Signatures):

\_\_\_\_\_  
Father Date Mother Date Temporary Custodian Date

Appeared before me, \_\_\_\_\_ a notary public for the state of South Carolina, I affix my hand and seal on this, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
(SEAL)  
NOTARY PUBLIC