

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