# PARENT OFF-SITE
## Authorization for Temporary Caregiver

Office Use:
Recorded by
Initial: _____

**THE PARTIES TO THIS AGREEMENT ARE:**

**PARENT / GUARDIAN**

Full Name: _____

Contact Details (cell phone, emergency contact number): _____

_____

**CHILD(REN)** (Please list any additional children on back):

Full Name: _____ Birth Date: _____

Full Name: _____ Birth Date: _____

Full Name: _____ Birth Date: _____

Full Name: _____ Birth Date: _____

Full Name: _____ Birth Date: _____

**TEMPORARY CAREGIVER**

Full Name: _____

Contact Details (including cell phone during Legacy hours): _____

_____

**REASON FOR ABSENCE:** _____

**YOUR LEGACY JOB:** _____

**NAME OF PERSON RESPONSIBLE FOR YOUR JOB:** _____

I, the Parent / Guardian of the Child(ren) hereby grant the Temporary Caregiver to act on my behalf in making all decisions as to the Child(ren)'s activities for the period from _____(time) on _____ 20____(date).

In case of an accident that results in injury to my children or me, I agree to hold harmless Legacy Homeschool Center, its Board members, its teachers, and Overlake Christian Church for any damages and/or medical care/expenses. I also understand that during my absence, it is my responsibility to ensure that all tuition is paid on time.

_____ _____ _____
**PARENT/GUARDIAN name (print)** **SIGNED** **DATE**

As the temporary caregiver, I have read the Legacy Policies and understand that I will remain within the Legacy boundaries at all times while the child(ren) is participating in activities.

_____ _____ _____
**TEMPORARY CAREGIVER name (print)** **SIGNED** **DATE**

Received by: _____ _____ _____
LEGACY BOARD MEMBER name (print) SIGNED DATE