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:	
TEMPORARY CAREGIVER		
Full Name:		
Contact Details (including cell phone during Legacy hours	s):	
REASON FOR ABSENCE:		
YOUR LEGACY JOB:		
NAME OF PERSON RESPONSIBLE FOR YOUR JOB: _		
I, the Parent / Guardian of the Child(ren) hereby grant the	he 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 childre Board members, its teachers, and Crossroads Bible Chur understand that during my absence, it is my responsibility	ch for any damages and/or medical care/exp	
PARENT/GUARDIAN name (print)	SIGNED	DATE
As the temporary caregiver, I have read the Legacy Polic at all times while the child(ren) is participating in activition		the Legacy boundaries
TEMPORARY CAREGIVER name (print)	SIGNED	DATE
Received by:	SIGNED	DATE