



SOUTH LAKE HOSPITAL

Childcare Authorization Form

I, _____, the parent of the below described minor(s), and legally entitled to give this authorization, do grant _____ (caregivers name) 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 _____ (caregiver's name) and are limited to the following:

To seek medical care for the children, including, but not limited to, visits to doctor and/or hospital.

To authorize medical treatment or medical procedures in the event of an emergency situation.

To provide food and shelter for the above named children, and to make decisions regarding their day-to-day activities.

To transport the children in the caregiver's car, including authorization to pick the children up from NTC.

This grant of authority is effective as of _____ (date), and shall remain in effect until terminated by the undersigned parent.

This grant of authority is signed this _____ day of _____, 20____ in the County of _____, State of Florida.

_____ Parent Signature

_____ Notary Signature and Seal Date _____

*****All signatures must be present to be activated for use at the NTC.*****