



Montgomery County
Public Schools

Caregiver's Authorization

Child's Name _____ Grade _____ DOB _____

Why is care required? _____

Explain the arrangement between the legal parents and the care provider. _____

What school is the child currently attending? _____

What is the preferred school? _____

Will transportation arrangements need to be made? _____

PARENT: Print Full Legal Name _____

I am authorizing the caregiver listed below to make school-related medical decisions for my child. I am also authorizing the caregiver listed below to make enrollment and educational decisions for my child. I agree to notify the school 30 days prior to the termination of the care agreement.

Signature _____ Date _____

CAREGIVER: Print Full Legal Name _____

Address: _____

Date of Birth: _____ State driver's license or identification number: _____

As caregiver I understand that I may be called upon to make school-related medical decisions or enrollment and educational decisions for the child listed on this form. I agree to notify the school 30 days prior to the termination of the care agreement.

Signature _____ Date _____

Notary Public: