

Seaside Home Temporary Caretaker & Medical Authorization Form - 2024

Child's name:	
Age:	
Date of birth:	

Home Address:	
Home Phone #:	

Family doctor:	
Doctor's phone:	
Known Allergies:	

Parent's/guardian's name:	
Home phone:	
Work phone:	
Cell phone:	
Alternate contact's name:	
Home phone:	
Work phone:	
Cell phone:	
Alternate contact's name:	
Home phone:	
Work phone:	
Cell phone:	

The following named person shall act as Temporary Caretaker and may seek emergency medical treatment for this child:

Name: _____
Relationship: _____
Phone: _____
Effective Dates of Authority: _____

Signature & Date _____

I accept full responsibility as Temporary Caretaker for the care and behavior of the minor child named above:

Signature & Date _____

