

INSTRUCTIONS FOR COMPLETING
DELEGATION OF PARENTAL AUTHORITY

(Temporary Care of Minor Child)

IMPORTANT PURPOSE OF THIS DOCUMENT

This Delegation of Parental Authority allows a parent or legal guardian to temporarily authorize another responsible adult to make decisions for a minor child. It is commonly used when a parent is unavailable due to travel, illness, military service, work obligations, immigration issues, incarceration, or other temporary circumstances.

This document DOES NOT permanently transfer custody, guardianship, or parental rights. Parents retain ultimate legal authority and responsibility.

STEP-BY-STEP INSTRUCTIONS

1. PARENT(S) / LEGAL GUARDIAN(S)

List the full legal name, address, phone number, and email of each parent or legal guardian signing the form. Use legal names exactly as they appear on official documents.

If only one parent is signing, complete only Parent/Guardian #1.

2. MINOR CHILD(REN)

List each child's full legal name and date of birth. If more than two children are covered, attach an additional page and reference it.

3. PERSON RECEIVING DELEGATED AUTHORITY

This is the adult who will temporarily care for the child(ren). This may be a grandparent, relative, family friend, or other trusted adult.

Be sure the contact information is accurate, as schools and medical providers may rely on it.

4. TERM OF DELEGATION

You may choose either:

- A specific start and end date, OR
- An open-ended delegation that lasts until revoked or until the maximum time allowed by your state law.

Some states limit the length of a delegation (often 6 or 12 months). Check your state law.

5. POWERS GRANTED

Initial each power you want to give. If you want to give all listed powers, you may check "All powers listed above."

Only the powers granted will apply. Powers not initialed are not authorized.

6. POWERS NOT GRANTED (OPTIONAL)

Use this section to specifically exclude any authority you do not want the caregiver to have.

7. NO TRANSFER OF LEGAL CUSTODY

This section clarifies that custody and parental rights remain with the parent(s). No action is required here.

8. REVOCATION

Parents may revoke this delegation at any time in writing, unless state law provides otherwise.

9. RELIANCE BY THIRD PARTIES

Schools, doctors, and others may rely on this document unless they are notified in writing that it has been revoked.

10. SIGNATURES

Each parent or legal guardian listed must sign and date the document.

11. ACCEPTANCE BY CAREGIVER

The person receiving authority must sign and date to confirm acceptance of responsibility.

12. WITNESSES OR NOTARY

Some states require notarization or witnesses. Others do not.

BEST PRACTICE:

- If possible, have the document notarized.
 - If notarization is not available, sign in front of two witnesses.
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COPIES AND USE

- Keep the original in a safe place.
 - Provide copies to:
 - Schools or daycare
 - Medical providers
 - The caregiver
 - Carry a copy when traveling with the child.
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WHEN TO SEEK LEGAL ADVICE

You should consult an attorney if:

- You need long-term care authority
- There is a custody dispute

- Child Protective Services is involved
- The child has special medical or educational needs
- You are unsure whether this document complies with your state law

THIS DOCUMENT IS NOT A COURT ORDER.

It is intended for temporary, voluntary delegation only.

DELEGATION OF PARENTAL AUTHORITY

(Temporary Care of Minor Child)

1. PARENT(S) / LEGAL GUARDIAN(S)

I/We, the undersigned parent(s) or legal guardian(s):

Full Legal Name of Parent/Guardian #1:

Full Legal Name of Parent/Guardian #2 (if applicable):

Home Address:

Phone Number: _____

Email Address: _____

2. MINOR CHILD(REN)

I/We am/are the parent(s) or legal guardian(s) of the following minor child(ren):

Child #1 – Full Legal Name:

Date of Birth: _____

Child #2 – Full Legal Name (if applicable):

Date of Birth: _____

(Attach additional pages if necessary.)

3. PERSON RECEIVING DELEGATED AUTHORITY

I/We hereby delegate parental authority to:

Full Legal Name:

Relationship to Child(ren):

Home Address:

Phone Number: _____

Email Address: _____

4. TERM OF DELEGATION

This delegation of parental authority:

Begins on: _____

Ends on: _____

OR

Begins on the date signed and remains effective until revoked in writing, or until the maximum time allowed by state law (if any).

5. POWERS GRANTED

Initial each power granted:

___ Medical, dental, psychological, and mental health care

___ Emergency medical treatment and hospitalization

___ Enrollment in school or daycare

___ Educational decisions and access to school records

___ Participation in extracurricular, recreational, and religious activities

___ Transportation of the child(ren)

___ Day-to-day supervision, discipline, and care

___ Access to medical and educational records (HIPAA/FERPA)

___ Signing permission slips, consent forms, and releases

___ Arranging childcare and temporary supervision

___ Applying for benefits related to the child(ren), if permitted by law

- All powers listed above
- Only the powers initialed above

6. POWERS NOT GRANTED (OPTIONAL)

7. NO TRANSFER OF LEGAL CUSTODY

This document does not transfer legal custody, guardianship, or parental rights.

8. REVOCATION

This delegation may be revoked at any time in writing.

9. RELIANCE BY THIRD PARTIES

Third parties may rely on this delegation unless they have actual notice of revocation or expiration.

10. SIGNATURES

Parent/Guardian #1 Signature:

Printed Name: _____

Date: _____

Parent/Guardian #2 Signature (if applicable):

Printed Name: _____

Date: _____

11. ACCEPTANCE BY PERSON RECEIVING AUTHORITY

Signature:

Printed Name: _____

Date: _____

12. WITNESSES OR NOTARY

Witness #1 Signature:

Printed Name: _____

Witness #2 Signature:

Printed Name: _____

NOTARY

State of _____

County of _____

Subscribed and sworn before me on _____

Notary Public Signature:

My Commission Expires: _____