

Temporary Parental Consent Agreement

1. I am/We are _____ the parent(s) of _____ [child's name], born on _____ [birth date]. I am/We are 18 years old or older.

2. I/We hereby give consent for _____ [child's name] to remain in the residential care of _____ [caregiver's name and relationship to the child] who live(s) at _____ [street, city, state]. The caregiver's phone number is: _____.

3. I/We hereby authorize this caregiver to have the care and control of the child, to make health care decisions for the child, to have the authority to get and provide all necessary care, including emergency and routine medical and dental care, evaluations and treatment, and to make all necessary childcare and educational arrangements for the child while the child is in her/his/their care with the following restrictions: _____

_____. I/We authorize the above named caregiver(s) to make decisions on all other issues regarding the child [examples: religious decisions, decisions about the child's social life, decisions about the child's school activities, and personal care decisions (haircuts, pierced ears, and so on)] with the following restrictions: _____

4. I/We authorize this caregiver to take the child out of state for travel with the following restrictions: _____

5. This agreement lasts until _____ [put an end date or "indefinitely"], unless it is revoked before it expires. Either parent can revoke this consent and terminate this agreement at any time by delivering to the caregiver a signed, written notice at least a week in advance.

6. (The following paragraph applies if only one parent is available to consent) [] I am the child's sole custodian. The other parent has not signed this consent because [explain whether the other parent is unknown or absent] _____

7. Additional items:

Child's Parent/Caregiver

Child's Parent/Caregiver

SUBSCRIBED AND SWORN TO before me this ____ day of _____ 20__.
NOTARY PUBLIC in and for the State of Washington, residing at _____
My commission expires: _____

By _____

Notary Signature

AGREED:

Parent/Caregiver

Date: _____

Parent/Caregiver

Date: _____