## **Childcare Provider Guardianship Authorization Form**

## **Child Information**

Full Name of Child
Date of Birth
Home Address
Parent/Legal Guardian Information
Full Name
Dharas Marakan
Phone Number
Email Address
Authorized Childcare Provider Information
Full Name
Phone Number
Relationship to Child
Authorization Period
Start Date

End Date	
Special Instructions / Medical Information	
Details	
Parent/Guardian Signature	
Date	