

## Temporary Parental Consent Agreement

1. I am/We, \_\_\_\_\_ [parent's names], are the parent(s) of the following child(ren) who was/were born on:

Child's name	DOB	Child's name	DOB
1.		4.	
2.		5.	
3.		6.	

I am / We are 18 years old or older.

2. I/We give consent for our child(ren) to remain in the residential care of \_\_\_\_\_ [caregiver's name and relationship to the child(ren)] who live(s) at \_\_\_\_\_ [street, city, state] .

3. I/We hereby authorize this caregiver to make health care decisions for the child/ren, including:

- Authority to get and provide all necessary health care, including but not limited to evaluations and treatment; emergency and routine medical and dental care; early periodic screening, diagnosis and treatment examinations and immunizations as needed.
- Consent to emergent medical care as is necessary to prevent death or serious injury to the child.
- Consent to non-emergent medical treatments, including surgery.
- Consent to mental health care and substance abuse evaluations and treatment as needed and recommended.
- Manage prescribed and over-the-counter medications and dispense and delegate dispensing.
- Other:  
\_\_\_\_\_

I/We do not delegate health care consent for the following:

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4. I/We authorize this caregiver(s) to make decisions on all other issues regarding the child, including but not limited to:

- enrolling the child/ren in child care;
- enrolling the child/ren in school;
- enrolling the child/ren in extracurricular activities;
- making routine day-to-day decisions on behalf of the child, including religious practices, social life, personal care, hair cuts, piercings, or tattoos;

I/We do not delegate consent for the following:

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5. I/We authorize this caregiver(s) to take the child out of Washington State for travel with the following restrictions:

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6. I/We authorize this caregiver(s) to have the right to apply for and renew a passport for \_\_\_\_\_ [child(ren)'s name(s)].

7. I/We authorize this caregiver(s) to take \_\_\_\_\_ [child(ren)'s name(s)] across international borders, from the United States to \_\_\_\_\_ [country] with the following restrictions (i.e. for vacation or visits only).

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8. This agreement lasts until \_\_\_\_\_ [put an end date or "indefinitely"], unless I/we revoke it before it expires. Either parent can revoke this consent and end this agreement at any time by delivering to the caregiver a signed, written notice at least a week in advance.

9. (This 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]:

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10. Other:

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\_\_\_\_\_  
Signature of Parent 1 of Child(ren)

\_\_\_\_\_  
Signature of Parent 2 of Child(ren)

**NOTE: This form does not need to be notarized to be valid.**

#### NOTARIZATION

SUBSCRIBED AND SWORN TO before me by \_\_\_\_\_ [parent 1]  
and \_\_\_\_\_ [parent 2] this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ .

NOTARY PUBLIC in and for the State of Washington, residing at:  
\_\_\_\_\_ My commission expires: \_\_\_\_\_ [Date]

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

#### CAREGIVER ACKNOWLEDGEMENT (Optional)

I acknowledge receipt of the agreement and consent to the terms and placement of  
\_\_\_\_\_ [Child(ren) names] in my  
care.

\_\_\_\_\_  
Signature of Caregiver      Date

\_\_\_\_\_  
Signature of Caregiver      Date