CAREGIVER AUTHORIZATION

I,/WE....., of .....

[NAME] [ADDRESS]

....., of .....

[NAME] [ADDRESS]

Am/are the natural and legal parent(s) of the following minor child(ren):

Name: ..... Date of Birth:…….[mm/dd/yyyy]

Name: ..... Date of Birth:…….[mm/dd/yyyy]

Name: ..... Date of Birth:…….[mm/dd/yyyy]

Name: ..... Date of Birth:…….[mm/dd/yyyy]

After considering the best interests of the child(ren) referred to above, I/WE appoint

....., of .....,

[Name] [Address]

whose relationship to my/our child(ren) is _____

_____

[Relationship of Guardian/Custodian to Child(ren)]

to stand ***in loco parentis*** and be the guardian/custodian of my/our child(ren). I/We understand that this document may be used as evidence to show that I/We intend and wish for the guardian/ custodian listed above to care of my/our child(ren) and to share my/our rights as a parent with the appointed guardian/custodian and jointly make legal decisions for the child(ren).

This appointment takes effect on my/our absence from this city, state, and/or country due to being detained and/or deported from the United States by immigration officials. In those instances, ***this appointment takes effect and this document provides evidence of my/our specific intent to provide supervision and care for the child(ren).***

As a result of being detained and/or deported/excluded from the United States, if I/WE are unable to care for the child(ren), then I/WE direct the appointed guardian/custodian to make any and all reasonable efforts to contact me/us in detention, my/our country of origin or wherever I/

WE am deported to, and consult with me/us to the fullest possible extent regarding the care and upbringing of the child(ren).

On this appointment taking effect, the appointed guardian/custodian has the same parental responsibilities that I/WE currently have which includes, but is not limited to:

The **legal custody** and **primary physical custody** of the Child(ren).

"**legal custody**" means the right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions;

"**primary physical custody**" means the right to assume physical custody of the child for the majority of time.

In addition, the person I hereby appoint, with whom my child(ren) live will also assume all personal obligations for my child(ren) relative to school requirements pursuant to 24 P.S. 13-1302 of the Pennsylvania School Code.

This appointment of guardianship/custody is temporary and for the benefit of the child(ren) during the limited period addressed above and can be revoked at any time in my/our discretion. The appointment of a guardian/custodian does not in any way limit the right to communication and visits with the child(ren) during the term of the appointed guardianship/custody and does not revoke any of my/our parental rights.

There is/is not (circle one) a custody order in effect in the County of ……

State/Commonwealth of ……

[if there is an order, attach a copy of the order]

Date: ..... [mmm/dd/yyyy] Signature of parent(s):…….

Date: ..... [mmm/dd/yyyy] Signature of parent(s):…….

This appointment was signed in the presence of WITNESSES [The witnesses to this appointment must be at least 19 years of age and must not be the person appointed as guardian.]

Witness #1 Name (Printed/Typed): ….....

Witness Address: .....

Signature of Witness:……

Witness #2 Name (Printed/Typed): ….....

Witness Address: .....

Signature of Witness:……

CAREGIVER ACKNKOWLEDGEMENT

I, _____, am over the age of 18 years and reside at

_____ (Street)

_____ (City, State and Zip)

_____(Phone Number)

I understand that I may, without obtaining further consent from the parent, legal custodian or legal guardian of the child(ren), in the event that

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(Name(s) of Parent(s)/Legal Guardian/Custodian)

faces deportation, detention or otherwise becomes unavailable to care for their child(ren) exercise concurrent rights and responsibilities relative to the care, education and health care of the child(ren). However, I may not knowingly make a decision that I know conflicts with the decision and expressed preferences of the child(ren)'s parent, legal guardian or legal custodian named above.

I hereby affirm that the above statements are true under penalty of perjury.

_____ _____

Signature Date

_____ _____

Printed Name Telephone

Certificate of Acknowledgement

Commonwealth of Pennsylvania
County of _____

On_____, before me,_____,
(date) (notary)

personally appeared,

_____,
_____,

_____,
_____(signers)

Proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal

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