

**PARENT OFF-SITE**  
**Authorization for Temporary Caregiver**

Office Use: Recorded by Initial: _____
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**THE PARTIES TO THIS AGREEMENT ARE:**

**PARENT / GUARDIAN**

Full Name: \_\_\_\_\_

Contact Details (cell phone, emergency contact number): \_\_\_\_\_

**CHILD(REN)** (Please list any additional children on back):

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**TEMPORARY CAREGIVER**

Full Name: \_\_\_\_\_

Contact Details (including cell phone during Legacy hours): \_\_\_\_\_

**REASON FOR ABSENCE:**    ☐ **Board Business**    ☐ **General Absence**    ☐ **Medical Emergency**

**YOUR LEGACY JOB:** \_\_\_\_\_

**NAME OF PERSON RESPONSIBLE FOR YOUR JOB:** \_\_\_\_\_

I, the Parent / Guardian of the Child(ren) hereby grant the Temporary Caregiver to act on my behalf in making all decisions as to the Child(ren)'s activities for the period from \_\_\_\_\_ (time) on \_\_\_\_\_ 20\_\_\_\_ (date).

In case of an accident that results in injury to my children or me, I agree to hold harmless Legacy Homeschool Center, its Board members, its teachers, and Crossroads Bible Church for any damages and/or medical care/expenses. I also understand that during my absence, it is my responsibility to ensure that all tuition is paid on time.

\_\_\_\_\_  
**PARENT/GUARDIAN name (print)**

\_\_\_\_\_  
**SIGNED**

\_\_\_\_\_  
**DATE**

As the temporary caregiver, I have read the Legacy Policies and understand that I will remain within the Legacy boundaries at all times while the child(ren) is participating in activities.

\_\_\_\_\_  
**TEMPORARY CAREGIVER name (print)**

\_\_\_\_\_  
**SIGNED**

\_\_\_\_\_  
**DATE**

Received by: \_\_\_\_\_

LEGACY BOARD MEMBER name (print)

\_\_\_\_\_  
**SIGNED**

\_\_\_\_\_  
**DATE**