

PARENT OFF-SITE
Authorization for Temporary Caregiver

Office Use: Recorded by Initial: _____

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: _____

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 _____