

TEMPORARY PARENTAL CONSENT AGREEMENT

1. I am/We are _____ and
_____.

I am/We are over 18 years old.

I am/We are the parents of: _____ DOB: _____.

2. I/We hereby give consent for _____
to remain in the residential care of _____
who lives at _____
at the following phone number _____.

3. I/We hereby authorize the above named caregiver(s) to have the care and control of the child, to have the authority to obtain and provide all necessary care, including emergency and routine medical and dental care, evaluations and treatment, and to make all necessary childcare and educational arrangements for the child while the child is in their care with the following restrictions:

NONE

4. I/We authorize the above named caregiver(s) to make decisions on all other issues regarding the child [i.e.: religious decisions, decisions about the child's social life, decisions about the child's school activities, and personal care decisions (i.e. haircuts, pierced ears, etc.)] with the following restrictions:

NONE

5. I/We hereby authorize this caregiver to take the child out of state for travel across international borders under the following conditions: to reunite the child with us in our home country or wherever I/we may reside. This caregiver has the authority to act on our behalf to fill out any necessary travel paperwork and/or documentation needed for travel to take place, including to apply and/or renew passport/s for the child.

6. This agreement lasts indefinitely, unless it is revoked before expiration. Either parent may revoke this consent and terminate this agreement at any time by delivering to the caregiver a signed, written notice at least a 1 week in advance.

Father

Mother

Note: This form does not need to be notarized to be valid.

NOTARIZATION

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 2018.

NOTARY PUBLIC in and for the State of Washington, residing at _____.

My commission expires: _____.

AGREED CAREGIVER ACKNOWLEDGEMENT

I acknowledge receipt of the agreement and consent to the terms and placement of

_____ in my care.

_____ Date: _____
Caregiver

_____ Date: _____
Caregiver