

Grandparent Custody Authorization

I, , the legal parent/guardian of , born on , hereby authorize (Grandparent) to have custody of my child.

This authorization grants permission for the grandparent named above to make decisions regarding the care, education, medical treatment, and general welfare of my child.

The authorization is effective from to , unless revoked in writing.

Parent/Guardian Name:

Signature:

Date:

Grandparent Name:

Signature:

Date: