

# Grandparent Caregiver Authorization

I, , residing at , am the grandparent of , born on .

I am authorizing myself to act as caregiver for my grandchild noted above and to make educational and medical decisions on their behalf, in accordance with applicable laws.

## Parent/Guardian Information

Name:

Contact number:

## Grandchild's Information

Name:

Date of Birth:

## Effective Date

Start:

End:

## Signature

Grandparent signature:

Date: