



DELHI PUBLIC SCHOOL-PANIPAT CITY

Child Care Authorisation

Date :

TO WHOM IT MAY CONCERN

The purpose of this letter is to advise you of the authority given to DPS PANIPAT CITY ("Child Care Provider") over _____ ("Name of the Minor Child")

This grant of authority shall begin on _____ and end on _____, unless terminated earlier by the undersigned.

The above Child Care Provider shall have the absolute and final authority to :

1. Seek appropriate medical treatment or attention on behalf of the Minor Child as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits.
2. Authorize medical treatment or medical procedures in an emergency situation.
3. Make appropriate and necessary decisions regarding clothing, bodily nourishment and shelter.
4. Explain absences from school; pick minor child from school.
5. Sign release forms for sports and field trips.

Thank you for your understanding, co-operation and prompt adherence to this authorization.

Yours truly

Parent 1

Parent 1

Child Care Provider

Name of the Child

Admission No.

Instructions

1. Child care authorization is a document useful to provide prompt medical or other attention to your child in an emergency.
2. We strongly recommend you to provide the health card of the child on a regular basis to the Child Care Provider to avoid seeking medical permissions in case of an emergency.
3. Please sign the same in triplicate.