

CONSENT FOR MINOR CHILD TO LIVE WITH NON-PARENT

We are the parents of these minor children (*name all the children covered by this form*):

_____.

We give permission for our minor children named above to live with (*name each*):

_____ and _____

(the Caregiver(s)), effective _____ (*date this consent starts*), until
_____ (*date this consent ends*), or until we the parents decide it is no longer in our children's best interest.

We give the Caregiver(s) our permission to do the following for or with the children on our behalf [*Check all the boxes that apply, and CROSS OUT anything that does not apply, with your initials by the crossed-out text*]:

- Consent to all medical, vision, and dental care, whether emergency or routine, and to obtain Medi-Cal or other health insurance coverage for the children.
- Enroll the children in school and make all school-related decisions for them, including, but not limited to: Choosing curriculum, attending parent-teacher conferences, participating in IEP or Student Success Team meetings, signing permission slips, and enrolling in sports or other extracurricular activities.
- Sign consent forms needed to obtain a California Learner's Permit and/or Driver's License as each child becomes old enough.
- Travel outside the State of California with the children.
- Obtain a passport for each child and travel outside the United States of America with the children. (**Both parents must initial**): (_____) Parent 1 (_____) Parent 2
- Consent to ear piercing.
- Receive Social Security and other benefits and use them on behalf of the children.

Print Caregiver 2 Name

Signature Caregiver 2

Caregiver 2 Mailing address:

Phone number: _____
Email: _____

Instructions:

- Notarize parent(s) signatures.**
- Make sure you check all the boxes that apply to your case.
- Initial where needed.
- Attach a copy of each child's birth certificate.
- Give a copy of this document to your children's emergency caregiver(s).

ACKNOWLEDGMENT / NOTARIZATION
