



I, \_\_\_\_\_, AUTHORIZE \_\_\_\_\_  
PRINT YOUR FULL NAME PRINT NAME OF SITTER

TO:

1. DISPENSE MEDICATION PER MY INSTRUCTIONS.
2. DRIVE MY CHILDREN IN ANY AUTOMOBILE.
3. SEEK AND AUTHORIZE MEDICAL HELP IN AN EMERGENCY,  
IF I CAN NOT BE REACHED.

\_\_\_\_\_  
PLEASE SIGN

\_\_\_\_\_  
DATE