

## **In-Home Backup Authorization for school drop-off and pick-ups (Sept-June)**

*Please refer to the in-home backup care checklist for the list of requirements.*

I, \_\_\_\_\_ give permission for my child(ren)  
(Parent/Guardian's Name)

\_\_\_\_\_, \_\_\_\_\_

to be cared for by \_\_\_\_\_ as backup  
(Backup Caregiver who is 18 years or older)

care within \_\_\_\_\_ home during school drop off and pick-  
(Educator's Name)

ups. Times \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
In Home Back up Provider's Signature