



## **In-Home Backup Authorization**

*Back up caregivers must be at least 18 years of age*

In-Home Backup Provider's Name: \_\_\_\_\_

Regular Educator's Name: \_\_\_\_\_

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

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

to be cared for by the approved in-home backup provider from \_\_\_\_\_ to \_\_\_\_\_  
(Start Time) (End Time)

Dates of care for multiple days: \_\_\_\_\_ to \_\_\_\_\_

Date of care for single day: \_\_\_\_\_

Duration of In-Home Backup Care: In-home backup care arrangements may be used for a maximum period of 6 weeks at one time.

Agency's Right to End Care: The Agency reserves the right to terminate an in-home backup care arrangement at any time, for any reason, without prior notice.

Family's Rights and Responsibilities: Families have the right to accept or decline an in-home backup care arrangement. If a family agrees to the arrangement but later decides to discontinue in-home backup care, they may do so at any time without notice. If the in-home backup care is 10 days or less, AND the family is not returning to their contracted educator, two weeks notice is still required.

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Date Signed

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