

## American Nanny Company Childcare Authorization

Parent \_\_\_\_\_

Caregiver \_\_\_\_\_

**Authorization and Fees:**

I authorize the caregiver named above to care for my child(ren) and have given the caregiver instructions and emergency telephone numbers. I will pay the caregiver directly according to the established fee schedule and I authorize the American Nanny Company (the Agency) to bill my credit card for the established agency referral fees. I understand that this caregiver is not an employee of the American Nanny Company but is considered my household employee. I will contact the Agency if I desire further childcare by this caregiver. I will not contact this caregiver directly nor will I use the services of this caregiver or any other American Nanny Company Nanny without contracting through the Agency. Upon violation of this restriction, I will pay the Agency one thousand dollars (\$1000.00) for liquidation and damages.

**Driving** (check if applicable)

I authorize the caregiver to drive my child, understanding that the Agency makes no representation as to the caregiver's driving ability, nor does the Agency carry insurance to cover driving risks.

**Medication** (check if applicable)

I authorize the caregiver to give my child medication according to written instructions here provided, including name of medication, amount and specific times. I recognize that the caregiver is not medically licensed and is administering this medication at my request and for my convenience:

**Medication:** \_\_\_\_\_  
**Dose/Amount:** \_\_\_\_\_  
**Time for Medication:** \_\_\_\_\_

**Temp's Work Schedule:**

	Date	Start Time	End time	Total Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

**Emergency Information:**

Fire & Police: 911  
 Poison Control Center: 800-222-1222

\_\_\_\_\_  
 Parent's location during childcare

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Pediatrician's Name

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Emergency Contact

\_\_\_\_\_  
 Phone

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

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**Please mail or fax this sheet back to our office upon completion of the job.**

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