FAMILY EMERGENCY SERIES

START HERE

Your files, in plain language — read this page first.

WHERE YOUR FILES LIVE

After purchase, your files live in your Etsy account. Sign in to Etsy, go to Purchases (your profile icon, then Purchases and reviews), open this order, and choose Download Files. Save the downloads to your phone or computer before you start filling anything in.

HOW TO OPEN THEM

1. PDF files open in any free PDF reader, browser, or phone Files app. If a file arrives as a ZIP, tap or double-click it to unzip, then open the files inside.
2. The spreadsheet (.xlsx) opens in Excel, Google Sheets (upload it, then open), or LibreOffice. Yellow cells are yours to fill in; green cells calculate for you.
3. Print the flat PDF, or skip printing and use the FILLABLE PDF on your phone — tap each field and type.

WHICH FILE IS FOR WHAT

- ☐ FLAT PDF (US Letter + A4) — print, fill in by hand, sign, and hand to your caregiver.
- ☐ B&W US LETTER PDF — ink-friendly grayscale version for cheap home or office printing.
- ☐ FILLABLE PDF — phone-friendly version; type into every field, then print to sign.
- ☐ SPREADSHEET (.xlsx) — contacts and coverage tracker, medication schedule, and authorization dates with an expiry countdown.
- ☐ BONUS FILE — the A4 ink-friendly B&W version is NOT in the Etsy download. Its free download link is in your Etsy thank-you message after purchase (Message to buyers).

STUCK? MESSAGE US

- Open your Etsy order and choose Message seller (or Messages in the Etsy app) and tell us what you are stuck on. We reply through Etsy messages.

Important: This kit is a template and organization tool only. It is not legal advice, consult an attorney about your situation. Whether a signed authorization is accepted — and what form, witnesses, or notarization it needs — varies by state, school, and medical provider. Check your state, school, and provider rules before you rely on it, and have an attorney review it if you are unsure.

Authorization At A Glance

Everyone, every date, and the scope — on one page.

Fill this page first. It is the summary your caregiver, school, and providers will look for: who the child is, who is authorizing, who the caregiver is, when the authorization runs, and what it covers. Page 3 is the formal letter that goes with it.

CHILD / CHILDREN

Child 1 full name: _____ Date of birth: _____

Child 2 full name: _____ Date of birth: _____

PARENT(S) / LEGAL GUARDIAN(S) AUTHORIZING

Parent 1 full name: _____ Phone: _____

Parent 2 full name (if any): _____ Phone: _____

CAREGIVER

Caregiver full name: _____ Phone: _____

Relationship to child: _____ Caregiver address: _____

DATES + REASON

Authorization starts: _____ Authorization ends: _____

Reason (deployment / hospital / travel / work / other): _____

SCOPE — CHECK WHAT APPLIES

- ☐ Daily care, meals, routines, and supervision at the caregiver's home.
- ☐ Medical consent as detailed on page 4.
- ☐ School / daycare pickup and routine school decisions as detailed on page 7.

Caregiver Authorization Letter

The formal letter — print, sign, and hand it over.

To whom it may concern: I / we, the parent(s) or legal guardian(s) named below, authorize the caregiver named below to care for my / our child during the dates below, within the scope checked on page 2 and detailed in this kit. This letter is a template for your own facts — read it fully before signing, and complete page 9 for signatures and notarization if you choose or are required to use it.

THE PEOPLE

Parent / guardian full name: _____ Date signed: _____

Child full name: _____ Child date of birth: _____

Caregiver full name: _____ Caregiver phone: _____

Caregiver address: _____

THE PERIOD

Authorization starts (date + time): _____ Authorization ends (date + time): _____

Where the child will stay (address): _____

How to reach the parent(s) during this period: _____

Alternate contact if parent is unreachable: _____

WHAT THIS LETTER AUTHORIZES

- ☐ Provide day-to-day care: meals, hygiene, rest, routines, and supervision.
- ☐ Seek medical care for the child as consented to on page 4, and share the medical snapshot on page 5 with providers.
- ☐ Pick the child up from school / daycare and handle routine school matters as detailed on page 7.
- ☐ Make ordinary, low-risk daily decisions. Anything listed as a limit on page 8 is NOT authorized.

Note: acceptance of this letter is up to each school, provider, and authority that sees it. This kit is a template and organization tool only. It is not legal advice, consult an attorney about your situation. Whether a signed authorization is accepted — and what form, witnesses, or notarization it needs — varies by state, school, and medical provider. Check your state, school, and provider rules before you rely on it, and have an attorney review it if you are unsure.

Medical Consent

So a caregiver can act fast — and a provider can say yes.

I / we authorize the caregiver named in this kit to consent to the medical care checked below for the child, during the authorization period only. In an emergency, call 911 first, then follow the contacts chain on page 6. Never write a Social Security number or any password anywhere in this kit.

CARE THE CAREGIVER MAY CONSENT TO

- ☐ Emergency treatment needed to protect the child's life or prevent serious harm.
- ☐ Urgent care and doctor visits for illness or injury during the authorization period.
- ☐ Routine care: check-ups, dental care, and prescription refills already prescribed.
- ☐ Giving the medications listed on page 5 and in the spreadsheet, exactly as directed.

PROVIDERS

Pediatrician name: _____ Phone: _____

Dentist name: _____ Phone: _____

Preferred hospital / clinic: _____ Phone: _____

Pharmacy name: _____ Phone: _____

INSURANCE (no SSN, no passwords — ever)

Insurance carrier: _____ Plan / group: _____

Member ID (as shown on card): _____ Policy holder name: _____

Parent signature name (print): _____ Date: _____

Child Medical Snapshot

The one page a provider needs in the first minute.

Keep this page current. Share it with the caregiver and, in a medical visit, with the provider. Use plain words — 'peanut allergy, carries epinephrine auto-injector' helps more than a code or abbreviation.

CHILD

Child full name: _____ Date of birth: _____

Blood type (if known): _____ Weight / height (approx.): _____

ALLERGIES + REACTIONS

Allergy 1: _____ Reaction + what to do: _____

Allergy 2: _____ Reaction + what to do: _____

Allergy 3: _____ Reaction + what to do: _____

CURRENT MEDICATIONS

Medication 1 + dose + time: _____

Medication 2 + dose + time: _____

Medication 3 + dose + time: _____

CONDITIONS + CARE NOTES

Ongoing conditions: _____

Special needs, devices, or routines: _____

Last pediatric visit + immunizations note: _____

EPINEPHRINE / RESCUE MEDS

- If the child carries an epinephrine auto-injector, inhaler, or other rescue medication, write where it is kept above and show the caregiver how it is used before you leave.

Emergency Contacts Chain

Who to call, in order — no guessing at 2 a.m.

Call in order, top to bottom. The caregiver starts with emergency services for any emergency, then works down this chain. Keep a printed copy on the refrigerator and one in the caregiver's phone.

CONTACT 1

Name: _____ Relationship: _____ Phone: _____

Can pick up child? Y/N: _____ Notes (hours, distance, keys): _____

CONTACT 2

Name: _____ Relationship: _____ Phone: _____

Can pick up child? Y/N: _____ Notes (hours, distance, keys): _____

CONTACT 3

Name: _____ Relationship: _____ Phone: _____

Can pick up child? Y/N: _____ Notes (hours, distance, keys): _____

CONTACT 4

Name: _____ Relationship: _____ Phone: _____

Can pick up child? Y/N: _____ Notes (hours, distance, keys): _____

IF NO ONE ANSWERS

Next step / neighbor / building contact: _____

Where a spare key and this kit are kept: _____

School & Daycare Pickup

Authorization the front office can file and follow.

Give a copy of this page to the school or daycare before the authorization period starts, and ask them to confirm — in their own system — who may pick the child up. School rules differ; a form the school has not seen may not be honored at the door.

SCHOOL / DAYCARE

School / daycare name: _____ Phone: _____

Address: _____ Office / teacher contact: _____

Child's class / room: _____ Usual dismissal time: _____

AUTHORIZED PICKUP PERSONS

Person 1 name: _____ Relationship: _____

Person 2 name: _____ Relationship: _____

Person 3 name: _____ Relationship: _____

DISMISSAL INSTRUCTIONS

After pickup, child goes to: _____

Bus / walk / car rules + changes to flag: _____

Absence / late note — who calls, and by when: _____

Activities the child may attend during this period: _____

- [ ] I told the school / daycare about this authorization before the start date.
- [ ] The school confirmed the pickup list in its own system (ask how they record it).

Daily Instructions & Limits

The household rules — and the hard lines.

Care goes best when the everyday is written down and the limits are unmistakable. Fill in the routines, then check every limit that applies. Anything checked below is NOT authorized, even if someone asks the caregiver in the moment.

DAILY ROUTINE

Wake time: _____ Bedtime: _____ School start: _____

Meals + food notes: _____

Homework / screen / activity rules: _____

Discipline approach in this home (plain words): _____

LIMITS — THE CAREGIVER MAY NOT

- ☐ Take the child out of state, or on any overnight trip not listed in this kit.
- ☐ Consent to surgery or any non-emergency procedure not checked on page 4.
- ☐ Change medications, doses, or timing — or start any new medication.
- ☐ Hand the child to anyone not named in this kit, for care or pickup.
- ☐ Sign school, legal, or financial documents in the parent's name.
- ☐ Post photos of the child publicly or share this kit beyond providers who need it.

MORE LIMITS + NOTES

Travel / driving limits: _____

Other limit or instruction: _____

Signatures, Revocation & Notary

Sign it, know how it ends, notarize if needed.

BEFORE YOU SIGN — THE 3 CHECKS

1. Check your state, school, and provider rules: what form do they accept, and do they require witnesses or notarization? Ask before the start date, not at the door.
2. Have an attorney review this kit if you are unsure about anything — custody arrangements, court orders, or a disagreement between parents can change what you may authorize.
3. Tell everyone who holds a copy — caregiver, school, pediatrician — the start and end dates, and confirm they have the current version.

EXPIRY + REVOCATION

This authorization expires (date + time): _____

To revoke early, the parent will (call / message / written note to): _____

After expiry or revocation, copies held by: _____

SIGNATURES

Parent 1 signature (sign on printed copy): _____ Date: _____

Parent 1 printed name: _____ Phone: _____

Parent 2 signature (if any): _____ Date: _____

Caregiver acknowledgment signature: _____ Date: _____

NOTARY BLOCK (if used — complete with the notary)

State: _____ County: _____

Acknowledged before me on (date): _____ By (name(s)): _____

Notary signature + seal (on printed copy): _____ Commission expires: _____

This block is state-agnostic on purpose: it invents no state wording. If your state or provider requires specific notary language, use theirs. This kit is a template and organization tool only. It is not legal advice, consult an attorney about your situation. Whether a signed authorization is accepted — and what form, witnesses, or notarization it needs — varies by state, school, and medical provider. Check your state, school, and provider rules before you rely on it, and have an attorney review it if you are unsure.

Closeout & Keep It Current

Hand it over complete — then keep it true.

HANDOVER CHECKLIST

- ☐ Pages 2-9 are complete, signed, and dated — no blank scope boxes.
- ☐ The caregiver has read pages 4, 5, and 8 out loud with me, including every limit.
- ☐ The school / daycare has its copy of page 7 and confirmed the pickup list.
- ☐ Rescue medication location was shown to the caregiver in person.
- ☐ No Social Security numbers or passwords appear anywhere in this kit.
- ☐ Expiry date is in the spreadsheet tracker, with a plan to revoke or renew.

COPIES GIVEN TO

Copy 1 — caregiver (date given): _____

Copy 2 — school / daycare (date given): _____

Copy 3 — held by (name + date): _____

Original kept at (location): _____ Review / update date: _____

WHEN ANYTHING CHANGES

A new medication, a new phone number, a new school, or a new end date means a new version. Update the pages, re-sign page 9, replace every copy, and note the change below. An old copy in the wrong hands is worse than no copy.

Change made + date: _____

Second change + date: _____

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