TEMPORARY DELEGATION OF PARENTAL AUTHORITY

(Arizona Revised Statutes § 14-5104)

This delegation is executed in the best interests of the minor child(ren) identified herein to ensure continuity of education, supervision, housing, safety, medical coordination, stability, and wellbeing during periods in which the Parent may be temporarily unavailable or unable to exercise parental authority directly.

I, _____ ("Parent"), am the lawful parent and legal custodian of the minor child(ren) identified herein and hereby temporarily delegate certain parental powers and authority to _____ ("Caregiver") pursuant to Arizona Revised Statutes § 14-5104.

This delegation is executed to ensure continuity of care, education, housing, supervision, transportation, safety, medical coordination, and emergency planning for the minor child(ren) during periods in which the Parent may be unavailable, incapacitated, hospitalized, detained, absent, traveling, working extended hours, or otherwise temporarily unable to exercise parental authority directly.

This document is intended to provide lawful temporary caregiver authority under Arizona law and does not constitute permanent guardianship, termination of parental rights, or adoption.

PARENT INFORMATION

Parent Full Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Email (Optional): _____

Identification Presented (Optional): _____

CAREGIVER INFORMATION

Caregiver Full Name: _____

Relationship to Child(ren): _____

Address: _____

Telephone: _____

Email (Optional): _____

Identification Presented (Optional): _____

MINOR CHILD(REN)

Child Name: _____

Date of Birth: _____

School (if applicable): _____

Child Name: _____

Date of Birth: _____

School (if applicable): _____

Child Name: _____

Date of Birth: _____

School (if applicable): _____

Attach additional pages if necessary.

POWERS DELEGATED

The Parent authorizes the Caregiver to exercise the following temporary parental powers on behalf of the minor child(ren), to the fullest extent permitted under Arizona law:

1. EDUCATIONAL AUTHORITY

The Caregiver may enroll the child(ren) in public school, charter school, private school, daycare, preschool, after-school programs, extracurricular activities, and educational programs; communicate with school administrators, teachers, counselors, transportation personnel, coaches, school nurses, and educational staff; sign educational forms and school-related documents; authorize school pickup and transportation; participate in disciplinary meetings, Individualized Education Program (IEP) meetings, Section 504 meetings, extracurricular activities, and educational planning; and access educational records and information concerning the child(ren).

The Parent further authorizes the Caregiver to access, obtain, review, and discuss educational records protected under the Family Educational Rights and Privacy Act (FERPA), to the extent permitted by law.

The Caregiver may establish temporary residency and educational enrollment for the child(ren) during the effective period of this delegation.

The Parent authorizes the Caregiver to act on behalf of the Parent regarding school enrollment, attendance, residency documentation, transportation coordination, educational continuity, and educational decision-making for the child(ren) during the effective period of this delegation.

The Caregiver may communicate with school districts regarding residency verification, McKinney-Vento eligibility where applicable, educational continuity, and temporary caregiver status for purposes of school enrollment and attendance.

Parent Initials: _____

2. MEDICAL, HEALTH, AND EMERGENCY AUTHORITY

The Caregiver may coordinate medical care; communicate with healthcare providers; obtain medical information; obtain prescriptions; schedule appointments; authorize routine medical care; authorize school health services; provide or obtain immunization and medical records necessary for school attendance; and authorize emergency medical treatment for the child(ren) where permitted by law and where the Parent cannot reasonably be contacted.

The Parent authorizes healthcare providers, hospitals, clinics, counselors, schools, and educational institutions to disclose information reasonably necessary for continuity of care to the Caregiver during the effective period of this delegation.

The Caregiver may obtain, provide, and communicate information concerning allergies, medications, emergency contacts, and medical history necessary for the safety and continuity of care of the child(ren).

The Caregiver shall be considered an authorized emergency contact for all educational, childcare, transportation, extracurricular, and medical coordination purposes during the effective period of this delegation.

Parent Initials: _____

3. HOUSING, SUPERVISION, AND DAILY CARE

The Caregiver may provide daily supervision, temporary housing, transportation, food, clothing, childcare, discipline, and general care necessary for the safety, stability, and wellbeing of the child(ren).

Parent Initials: _____

4. GOVERNMENTAL, SERVICE, AND BENEFITS COORDINATION

The Caregiver may communicate with governmental agencies, social workers, shelters, community organizations, educational institutions, service providers, counselors, childcare providers, and transportation providers concerning matters affecting the child(ren)’s safety, education, wellbeing, housing, supervision, or continuity of care.

Parent Initials: _____

5. EMERGENCY COORDINATION

The Caregiver may take reasonable actions necessary to protect the child(ren) during emergencies, including coordinating transportation, temporary shelter, school continuity, communication, and emergency planning.

Parent Initials: _____

LIMITATIONS

This document does not authorize the Caregiver to:

• consent to adoption of the child(ren);
• permanently transfer custody of the child(ren);
• terminate parental rights;
• act contrary to Arizona law; or
• exercise powers prohibited by law.

The Parent retains all parental rights not specifically delegated herein.

DURATION

Pursuant to Arizona Revised Statutes § 14-5104, this delegation shall become effective immediately upon execution and shall automatically expire six (6) months from the date of execution unless earlier revoked in writing by the Parent.

REVOCATION

The Parent may revoke this delegation at any time by written notice delivered to the Caregiver and, where applicable, to any school, institution, medical provider, governmental agency, organization, or other person relying upon this document.

RELIANCE ON THIS DOCUMENT

Any public school, charter school, private school, school district, educational institution, administrator, teacher, counselor, transportation department, healthcare provider, governmental agency, shelter, service provider, childcare provider, business, or organization may rely in good faith upon the validity of this document until provided written notice of revocation.

This document is intended to facilitate continuity of care and educational stability for the minor child(ren) during temporary periods of parental unavailability and may be relied upon in good faith by institutions and service providers acting within the ordinary course of business.

Photocopies, certified copies, scanned copies, and electronic copies of this document shall have the same force and effect as the original.

RECOMMENDED ATTACHMENTS

To assist schools, healthcare providers, governmental agencies, and other institutions in verifying identity and continuity of care, the following supporting documents are recommended where available:

□ Parent Identification
□ Caregiver Identification
□ Child Birth Certificate
□ Emergency Contact Information
□ Immunization Records
□ School Records or Enrollment Information
□ Medical Insurance Information (if applicable)

IDENTIFICATION DOCUMENTS

For purposes of identity verification, continuity of care, school enrollment, medical coordination, and institutional communication, supporting identification documents may include government-issued identification from the United States or another country, including passports, consular identification documents, driver licenses, state identification cards, tribal identification documents, or other government-issued records where accepted by law or institutional policy.

Nothing in this document shall be interpreted to require a specific immigration status, citizenship status, Social Security number, or Arizona driver license in order for this delegation to be voluntarily executed or relied upon in good faith pursuant to applicable law.

NOTICE

THIS IS AN IMPORTANT LEGAL DOCUMENT.

THE PURPOSE OF THIS DOCUMENT IS TO TEMPORARILY DELEGATE CERTAIN PARENTAL POWERS NECESSARY FOR THE CARE, EDUCATION, SAFETY, WELLBEING, MEDICAL COORDINATION, AND CONTINUITY OF CARE OF THE MINOR CHILD(REN) IDENTIFIED HEREIN.

THIS DOCUMENT DOES NOT CREATE PERMANENT GUARDIANSHIP OR TERMINATE PARENTAL RIGHTS.

YOU SHOULD ASK A LAWYER TO EXPLAIN ANY PART OF THIS DOCUMENT THAT YOU DO NOT UNDERSTAND.

SIGNATURE OF PARENT

I, _____, declare that I am the lawful parent or legal custodian of the minor child(ren) identified herein, that I am acting voluntarily, and that I am executing this Temporary Delegation of Parental Authority as my free and voluntary act.

Signed this _____ day of _____, 2026.

_____

Parent Signature

Print Name: _____

OPTIONAL SECOND PARENT OR LEGAL CUSTODIAN

If applicable:

I, _____, consent to and approve this Temporary Delegation of Parental Authority.

Signed this _____ day of _____, 2026.

_____

Second Parent or Legal Custodian Signature

Print Name: _____

ACCEPTANCE BY CAREGIVER

I, _____, accept the temporary delegation of authority granted herein and agree to act in good faith and in the best interests of the child(ren).

Signed this _____ day of _____, 2026.

_____

Caregiver Signature

Print Name: _____

NOTARY ACKNOWLEDGMENT

PARENT ACKNOWLEDGMENT

State of Arizona)
) ss.
County of _____)

On this _____ day of _____, 2026, before me personally appeared _____ and _____, who proved to me on the basis of satisfactory evidence to be the persons whose names are subscribed to this instrument, and acknowledged that they executed the same voluntarily for the purposes therein contained.

_____
Notary Public

My Commission Expires: _____

CAREGIVER ACKNOWLEDGMENT

State of Arizona)
) ss.
County of _____)

On this _____ day of _____, 2026, before me personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed the same voluntarily for the purposes therein contained.

_____
Notary Public

My Commission Expires: _____