

TEMPORARY CARE/CUSTODY AGREEMENT

I/We , _____, resident(s) of _____, West Virginia, am/are the Custodial Parent(s) of the following child(ren):

Child's name: _____ DOB: _____

do hereby place said children in the temporary care and custody of the following person(s):

1. Name: _____

Address: _____

Relationship to Child: _____

2. Name: _____

Address: _____

Relationship to Child: _____

I hereby give permission to the caregiver to: (Check all that apply)

Provide care for the child in his or her home.

Obtain and consent to all medical treatment for the child, including emergency, non-emergency, and routine medical treatment decisions.

Obtain and consent to emergency medical treatment for the child, but not to elective, non-emergency procedures.

To make decisions related to the child's education, including enrolling the child in school and changing the child's school.

To make decisions related to the child's education, but not to make decisions related to changing the child's school.

To apply for and accept any State or Federal Benefits that may be available to the child through the Department of Health and Human Resources, Social Security Administration, or any other local, State or Federal agency.

To make religious decisions.

___ To enroll the child in extracurricular activities and make decisions related to those activities.

___ To make decisions related to existing extracurricular activities, but not to discontinue those activities or to enroll in new activities.

___ To make personal care decisions, including haircuts, piercings, and tattoos.

___ To make personal care decisions, including haircuts, but not to make decisions related to piercings, tattoos, and drastic changes to hair length or color.

___ To travel out of state with the child.

___ To travel out of state with the child for no more than 24 hours.

___ To travel out of state with the child for no more than 48 hours.

___ To travel out of state with the child for no more than 7 days.

___ To travel out of state with the child for no more than 14 days.

This agreement shall continue: (Choose one)

___ Indefinitely until revoked.

___ Until _____, unless it is revoked before this date.

This agreement is temporary in nature and either parent, or any guardian entering into this agreement, may revoke this consent and terminate this agreement at any time by delivering a written notice to the caregiver(s) named herein and may immediately resume caring for the child.

Parent/Guardian Date

Parent/Guardian Date

Taken, subscribed and sworn to before the undersigned authority this the ___ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires: _____.