

Authorization of Caregiver Supervision Form

Participant Name: _____

Caregiver/ Attendant Name: _____ Phone: _____

Gender: M F

Caregiver/Attendant Primary Duties/ Responsibilities:

If Caregiver follows a schedule with the participant, please write the schedule followed at home (use back of paper if necessary):

I/We authorize staff of H2O at SPUMC to supervise the Caregiver/ Attendant during the program as deemed in my child's best interest.

Parent/ Legal Guardian

Date

Undertaking by the Caregiver/ Attendant

I agree to abide by the rules of the program and follow the directions from the H2O Staff in the best interest of the service to the individual in line with the program.

Caregiver / Attendant

Date