Albertan

Treaty # 463

## Delegation of Powers and Duties to a Child Caregiver

rotected B (when completed)		Children's Services
1 Regarding the child	, born	Date yyyy-mm-dd
	Name	Date yyyy-iiiii as
Personal Health Number	Delegation	
Implicit in the Delegation of Powers and Duties to a behalf of a child must be done in the context of the Family Enhancement Act.	Child Caregiver is the recognition that de	ecisions made on Child, Youth and
1,		am
	<sub>Name</sub> Th under an Enhancement Agreement with	n a Youth
	th under a Custody Agreement with a You	
the private guardian Direct	or's delegate (Child, Youth and Family Er	nhancement Act)
and I delegate the powers and duties set out below	this delegation to	<del></del>
	rector of a foster care agency.	е
	ector of a child and youth facility.	
an adoptive parent.		
This delegation expires when revoked, replaced or	when this child is removed from the care	of the caregiver.
Pow	ers and Duties	
he caregiver may:		
decide about daily routines. This authority i	ncludes providing behavioral managemen	nt.
✓ decide about recreational activities.		
enroll the child/youth in school or vocationa		
support the child/youth in their religious or o	cultural activities.	
<ul> <li>consent to ordinary medical or dental care.</li> <li>illnesses, injuries and other procedures that surgery or general anesthetic. NOTE: The chospital but not to authorize any treatment.</li> <li>consent to employment.</li> </ul>	t are performed routinely and do not requestring the control of th	iro hospitalization
consent to obtaining recreational licences a or driver's licence.	nd permits. This authority does not inclu	ide a firearms permi
other		
if the child/youth is in residential or group of	care): provide service, treatment, or train	nina.
(if the child/youth is in residential, group or		
duties to a child care provider who reports t	o the caregiver. To subdelegate, use fo	rm CS1757.
(if the child/youth is in secure treatment): grayouth if the child/youth is absent without least		return the child/
Date yyyy-mm-dd	Signature of the Person Providing Delegation	
d's I.D. Number   Worksite Number   Worksite Name	Date yyyy-mm-dd Signature of	Director's pelegate
4 7 9 Wetaskiwin Distric	t Office 2022-00-30=	