

**1** Regarding the child SMITH, GARY, born 2001-01-01  
name data (yyyy-mm-dd)  
 Personal Health Number 11111-1111

**2** **Delegation**

Implicit in the Delegation of Powers and Duties to a Child Caregiver is the recognition that decisions made on behalf of a child must be done in the context of the Matters to be Considered section of the *Child, Youth and Family Enhancement Act*.

I, GINA DOE am  
name

- |   |   |
|---|---|
| <input type="checkbox"/> the parent           | <input type="checkbox"/> a youth under an Enhancement Agreement with a Youth                      |
| <input type="checkbox"/> the guardian         | <input type="checkbox"/> a youth under a Custody Agreement with a Youth                           |
| <input type="checkbox"/> the private guardian | <input checked="" type="checkbox"/> Director's delegate (Child, Youth and Family Enhancement Act) |

and I delegate the powers and duties set out below this delegation to SMITH, GERRY  
name

- who is:
- |  |  |
|--|--|
| <input type="checkbox"/> a foster parent.                    | <input type="checkbox"/> the director of a foster care agency.       |
| <input checked="" type="checkbox"/> a kinship care provider. | <input type="checkbox"/> the director of a child and youth facility. |
| <input type="checkbox"/> an adoptive parent.                 | <input type="checkbox"/> other: _____                                |

This delegation expires when revoked, replaced or when this child is removed from the care of the caregiver.

**3** **Powers and Duties**

The caregiver may:

- ☒ decide about daily routines. This authority includes providing behavioral management.
- ☒ decide about recreational activities.
- ☒ enroll the child/youth in school or vocational training.
- ☒ support the child/youth in their religious or cultural activities.
- ☒ consent to ordinary medical or dental care. This authority includes examinations, treatment for minor illnesses, injuries and other procedures that are performed routinely and do not require hospitalization, surgery or general anesthetic. NOTE: The caregiver has the authority to admit the child/youth to hospital but not to authorize any treatment or tests.
- ☒ consent to immunization. This authority is only for a child/youth under a Permanent Guardianship Order and no medical reason exists that prevents proceeding.
- ☒ consent to employment.
- ☒ consent to obtaining recreational licences and permits. This authority does not include a firearms permit or driver's licence.
- ☐ other: \_\_\_\_\_
- ☒ (if the child/youth is in residential or group care): provide service, treatment, or training.
- ☐ (if the child/youth is in residential, group or agency foster care): subdelegate any of these powers and duties to a child care provider who reports to the caregiver. To subdelegate, use form CS 1757.
- ☐ (if the child/youth is in secure treatment): grant a leave of absence; and locate and return the child/youth if the child/youth is absent without leave.

Signature of the Person Providing Delegation

Date (yyyy-mm-dd)

Signature of Director's Delegate	Date (yyyy-mm-dd)	Child's I.D. Number	Worksite Number	Worksite Name
		2222222	2, 2, 2	SOUTHEAST NCCYF