



**Kewaskum School District**  
Power of Attorney Delegating Parental Power

This power of attorney is for the purpose of providing for the care and custody of:

Student Last Name	Student First Name	Student Middle Name	Date of Birth

I, \_\_\_\_\_, state that I have legal custody of the child named above.

I delegate my parental power to:

Name of agent: \_\_\_\_\_

Agent's address: \_\_\_\_\_

Agent's telephone number(s) \_\_\_\_\_

Agent's e-mail address: \_\_\_\_\_

Relationship of agent to child: \_\_\_\_\_

The parental power I am delegating is as follows:

*FULL*

- Full parental power regarding the care and custody of the child named above.

*PARTIAL*

*(Check each area you want to delegate your parental power regarding the child named above.)*

- Disclosure of health information about the child
- The power to consent to educational and vocational services
- The power to consent to the disclosure of confidential information, other than health information, about the child
- The power to provide for the care and custody of the child
- Other specifically delegated powers or limits on delegated powers *(Fill in the following space or attach a separate sheet describing any other specific powers that you wish to delegate or any limits that you wish to place on the powers you are delegating.)* \_\_\_\_\_

Check all that apply:

- The power to enroll the above named student in the Kewaskum School District.
- The power to have access to Skyward Family Access (student grades, food service, health information etc.)
- The power to receive school emails, phone calls and other communications/notifications
- The power to receive/have access to report cards and grades

I further understand that I, the parent/legal guardian, will be contacted for any decisions relating to special education needs for my child.

*EFFECTIVE DATE AND TERM OF THIS DELEGATION*

This Power of Attorney takes effect on \_\_\_\_\_ and will remain in effect until \_\_\_\_\_. If no termination date is given, this Power of Attorney will remain in effect until revoked by the parent with legal custody. This Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the child(ren) and such a revocation invalidates the delegation of parental powers made by this Power of Attorney, except with respect to acts already taken in reliance on this Power of Attorney.

*SIGNATURE(S) OF PARENT(S)*

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Parent's name printed \_\_\_\_\_

Parent's address \_\_\_\_\_

Parent's telephone number \_\_\_\_\_

Parent's e-mail address \_\_\_\_\_

Signature of parent \_\_\_\_\_ Date \_\_\_\_\_

Parent's name printed \_\_\_\_\_

Parent's address \_\_\_\_\_

Parent's telephone number \_\_\_\_\_

Parent's e-mail address \_\_\_\_\_

I, the parent, \_\_\_\_\_ agree to notify (the Kewaskum School District) if my contact information should change.

I, the parent, \_\_\_\_\_ agree to notify (the Kewaskum School District) if my contact information should change.

*WITNESSING OF SIGNATURE*

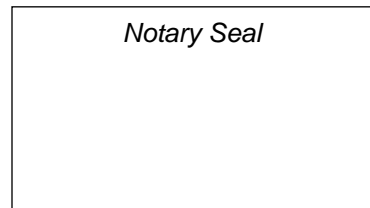
State of \_\_\_\_\_

County of \_\_\_\_\_

This document was signed before me on \_\_\_\_\_ (date)  
by \_\_\_\_\_ (name(s) of parent(s)).

Signature of notary \_\_\_\_\_

My commission expires: \_\_\_\_\_



*STATEMENT OF AGENT*

I, \_\_\_\_\_ (name and address of agent), understand that \_\_\_\_\_ (name(s) of parent(s)) has (have) delegated to me the powers specified in this Power of Attorney regarding the care and custody of \_\_\_\_\_ (name of child). I further understand that this Power of Attorney may be revoked in writing at any time by a parent who has legal custody of \_\_\_\_\_ (name of child). I hereby declare that I have read this Power of Attorney, understand the powers delegated to me by this Power of Attorney, am fit, willing, and able to undertake those powers, and accept those powers.

Agent's signature \_\_\_\_\_ Date \_\_\_\_\_