



KILGORE INDEPENDENT SCHOOL DISTRICT

301 N. KILGORE STREET ★ KILGORE, TEXAS 75662-5499

(903) 988-3900 ★ (903) 983-3212 (fax)

STATE OF TEXAS {} COUNTY OF _____ {}

My name is _____ . I reside at _____
(Person with Whom Student is Living) (Street Address)

(City) (State) (Zip)

This document applies to the following minor child(ren)/ward(s):

(Name) (Relationship) (Age) (Grade)

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I agree to be responsible in all school-related matters with the full power and authority that I might have in such matters. I agree that this power of attorney may be voluntarily revoked alone by written revocation.

(Signature of Person with whom Student is Living) (Date)

Completed by Parent/Guardian:

ADMISSIONS, ATTENDANCE, AND ELIGIBILITY REQUIREMENTS:

I authorize the above-named adult to act for me, as my attorney, in any matter requiring my consent or signature in all school-related matters affecting the minor(s). I hereby agree to waive all claims and hold harmless the District, its officers, and employees from all claims arising from their reliance on this consent form. I understand that this is not a grant of legal guardianship (which only a court may grant).

By my signature hereto, under the authority of Texas Family Code, Section 35.01, I hereby give authority to the above-named adult resident to consent to medical treatment for the above-named minor(s) in the event I cannot be contacted.

Signed this _____ day of _____, 20__.

(Signature of Parent/Legal Guardian) (Signature of Parent/Legal Guardian)

The State of TEXAS {} County of _____ {}

Before me, a Notary Public, on this day personally appeared _____ known to me or proved to me on the oath of _____ to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that he executed the same of purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, year _____

Seal:

Notary Public, State of Texas