



# Parent's Authorization for Agent to Act in Interests of Child

I, the parent or guardian of \_\_\_\_\_  
*(name of student)*

do hereby authorize \_\_\_\_\_  
*(name of temporary guardian)*

to act as agent for me in making decisions regarding education matters and in medical  
emergencies concerning my child, \_\_\_\_\_  
*(name of student)*

for the current school year.

Signed: \_\_\_\_\_  
*Parent* *Date*

Signed: \_\_\_\_\_  
*Temporary Guardian* *Date*

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

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

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

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ personally appeared before me,

\_\_\_\_\_ personally appeared before me,

\_\_\_\_\_ who is personally known to me,

\_\_\_\_\_ who is personally known to me,

\_\_\_\_\_ whose identity I verified on the basis of \_\_\_\_\_

\_\_\_\_\_ whose identity I verified on the basis of \_\_\_\_\_

\_\_\_\_\_ whose identity I verified on the oath/affirmation of,  
\_\_\_\_\_, a credible witness, to be the  
signer of the foregoing document, and he/she  
acknowledged that he/she signed it.

\_\_\_\_\_ whose identity I verified on the oath/affirmation of,  
\_\_\_\_\_, a credible witness, to be the  
signer of the foregoing document, and he/she  
acknowledged that he/she signed it.

Signed: \_\_\_\_\_  
*Notary Public*

Signed: \_\_\_\_\_  
*Notary Public*

My Commission Expires: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**\*\*THIS FORM NEEDS TO BE FILLED OUT EACH NEW SCHOOL YEAR\***