

PINELLAS COUNTY SCHOOLS
AFFIDAVIT TO ESTABLISH AN IN LOCO PARENTIS (CAREGIVER) RELATIONSHIP

Parent's Grant of Responsibility and Authority to Caregiver(s):

Mr. and/or Mrs. _____
Name of Parent(s)

Address of Parent(s)

the parent(s) of _____, agree to have
their child(ren) reside with the Caregiver(s) and grant Caregiver(s) responsibility and authority over child(ren) listed above until
revoked in writing.

Mr. and/or Mrs. _____
Name of Caregiver(s)

Address of Caregiver(s)

Home Phone Number of Caregiver(s)

Cell Phone Number of Caregiver(s)

Effect of Granting Caregiver Responsibility and Authority over Child[ren]:

The parent(s) and Caregiver(s) each agree that by signing this agreement, the Caregiver(s) shall have full responsibility and authority over the child(ren) regarding educational decisions and communications with the school including but not limited to school enrollment, medications, and all decisions regarding students with disabilities and medical decisions.

This Agreement is not sufficient to establish residency for purposes of athletics eligibility. In such cases, guardianship must be appointed legally by a court of competent jurisdiction in accordance with the rules of the Florida High School Athletics Association.

Caregiver(s) and Parent(s) MUST sign before a Notary. A Notary is available at School:

Mr. and/or Mrs. _____ Signature _____
State of Florida *Parent(s)*

County of _____ Signature _____

Sworn to and subscribed before me this _____ day of _____, A.D., 20 _____,

by _____

Notary

Personally Known _____ or Produced Identification _____. Type of Identification produced: _____

Mr. and/or Mrs. _____ Signature _____
State of Florida *Caregiver(s)*

County of _____ Signature _____

Sworn to and subscribed before me this _____ day of _____, A.D., 20 _____,

by _____

Notary

Personally Known _____ or Produced Identification _____. Type of Identification produced: _____