



**AUTHORIZATION FOR ADULT TO ACT AS CUSTODIAL PARENT
(To be Used When Student Will Live with Someone Other than Parent)**

I, (we) _____ and _____,
(Name of Father) (Name of Mother)

residing at _____

do hereby state that I am (we are) the natural parents of _____
(Child's Name)

a minor, age _____, born on _____. I (we) authorize _____
(Custodial Adult)

and/or _____, to act on my (our) behalf in all school matters
(Spouse of Custodial Adult)

such as, but not limited to, signing absence verifications, approving field trips, acknowledging

notifications, and signing other authorizations, including, but not limited to, medical decisions

and or treatment while attending school or participating in school related activities.

Dated this _____ day of _____, 20_____.

Signature of Parent

Signature of Parent