



**AUTHORIZATION FOR ADULT TO ACT AS CUSTODIAL PARENT**  
(To be used when student will reside with someone other than parents)

I (we) \_\_\_\_\_ and \_\_\_\_\_,  
(Name of Father) (Name of Mother)

residing at \_\_\_\_\_  
(Address)

do hereby state that I am/we are the natural parent/s of \_\_\_\_\_  
(Child's Name)

whose birthdate is \_\_\_\_\_. I (we) authorize \_\_\_\_\_  
(mm/dd/yy) (Custodial Adult)

and/or \_\_\_\_\_, to act on my (our) behalf in all school matters such as, but not limited to, signing absence verifications, approving field trips, acknowledging school notifications, and signing other authorizations, including, but not limited to, medical decisions and or treatment while attending school or participating in school related activities.

I (we) also understand that it is my (our) responsibility to inform the school of any changes to custody or guardianship of my child.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

Witnessed by: \_\_\_\_\_  
(Signature of Notary Public)

\_\_\_\_\_  
Date

***MUST BE NOTARIZED***