

POWER OF ATTORNEY

I, _____ am the lawfully appointed custodial parent or guardian of
 _____ Parent's name
 _____, a minor child. Parents' permanent home address:
 _____ student's name
 _____ City _____ State _____ Zip _____ I hereby give
 to _____ a resident of the Parkrose School District, address:
 _____ Name of person having Power of Attorney
 _____ City Portland State OR Zip _____ the power of attorney
 to make all decisions regarding the education, medical and other care, property of and all other decisions
 regarding the welfare of minor child _____, with the exception
 _____ student's name
 of the power to consent to the marriage or adoption of minor child. I hereby affirm that minor child
 _____, is residing with _____
 _____ Student's name _____ Name of person having Power of
 Attorney _____

throughout the entire duration of this power of attorney. The purpose of and reason for this student's change of
 residence and Power of Attorney with the above named person is/are: _____

This power of attorney is effective for no more than six months from the date of signing noted below. I
 understand that the effect of this power of attorney will not continue after six months from the date of this
 document, unless a new power of attorney form is submitted at this time.

 Signature of custodial parent / legal guardian

 Date

SUBSCRIBED AND SWORN before me this ____ day of _____, 200__.

 Notary Public

My Commission Expires:

I accept the terms and conditions of the Power of Attorney being granted to me. I understand that I have
 become the initial contact person and will be held responsible for all athletic fees, book fees, class fees and
 school fees. I will be called for all attendance and discipline issues regarding this child. I will comply with
 school rules and support this minor's attendance and participation in the Parkrose Schools.

 Signature - Power of Attorney Recipient

 Date