

ARCHDIOCESE OF SAN FRANCISCO



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)

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 in accordance with provisions of Education Code 49407 and/or 49409.

Dated this _____ day of _____, 2011.

(Signature of Parent)

Witnessed by: _____ Date: _____
(Signature of Notary Public or American Consul)