

Medical and Educational Custody Authority Form

Child Information

Full Name

Date of Birth

School Name

Address

Parent/Guardian Information

Name

Relationship to Child

Contact Number

Address

Authorized Person

Name

Relationship to Child

Contact Number

Address

Authority Granted

Description of authority granted (medical, educational decisions, etc.)

This authority remains in effect until revoked in writing or on the specified end date below.

Start Date

End Date

Parent/Guardian Signature

Date