Parent/Guardian Permission to Release Form

In my absence, I _____
Parent's full legal name

_____
Address

am granting _____
Daily Caregiver/Paramour/Step-parent (full legal name)

Power of Attorney to make decisions and act in my absence regarding my son/daughter

_____ _____
Child's full legal name Child's Date of Birth

Please check the following boxes that are appropriate in this matter:

- ☐ Sign Excuses/Early Dismissal notes
- ☐ Sign in/out of school for appointments
- ☐ Speak with Teacher/Principal via telephone, email or in person (grades, homework, discipline)
- ☐ Educational Information (Limited to copies of report cards, midyear difficulties, scheduling, and parent/ teacher conferences)
- ☐ Receive Lunch Balance
- ☐ Speak with Nurse about Reoccurring /Acute/Chronic illness or injury

These permissions are in full force and in effect until I take formal action to have it resolved.

NOTE: This document must carry the parent/guardian signature and be notarized.

COMMONWEALTH OF PENNSYLVANIA)
)SS:
COUNTY OF:)

Before me, the undersigned officer, personally appeared the above-name resident of Susquenita School District, who being duly sworn according to law, deposes and says that the items set forth in the foregoing statement are true and correct.

Sworn to and subscribed before me

This _____ day of _____, _____

_____ _____
Parent/Guardian Signature Date

_____
Signature and Seal of Executing Officer