

SPECIAL POWER OF ATTORNEY

DESIGNATION OF AGENT TO RECEIVE AND RESPOND TO SCHOOL COMMUNICATIONS, HAVE ACCESS TO CONFIDENTIAL INFORMATION AND TO MAKE EDUCATIONAL AND EDUCATION-RELATED MEDICAL DECISIONS FOR MINOR CHILD

NOTICE: THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. THEY ARE EXPLAINED IN THE UNIFORM STATUTORY FORM POWER OF ATTORNEY ACT (CALIFORNIA PROBATE CODE SECTIONS 4400-4465).

IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, OBTAIN COMPETENT LEGAL ADVICE. THIS DOCUMENT DOES NOT AUTHORIZE ANYONE TO MAKE MEDICAL AND OTHER HEALTH-CARE DECISIONS FOR YOU, BUT DOES AUTHORIZE SOMEONE OTHER THAN YOU TO MAKE EDUCATIONAL, MEDICAL AND OTHER DECISIONS FOR YOUR MINOR CHILD. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

I _____ am the parent or legal guardian of _____ (“Student”),
(name of parent or legal guardian) (name of student)

a minor child. I appoint _____ (“Agent”), _____,
(name of person appointed) (address of person appointed)

as my agent (attorney-in-fact) to exercise the powers and discretions set forth below. Agent shall have full power and authority to act on my behalf but only to the extent permitted by this Special Power of Attorney. Agent’s powers shall include the power to:

- (A) Receive all school and school district communications regarding Student;
- (B) Respond to all school and school district communications regarding Student;
- (C) Communicate with school and district officials regarding Student;
- (D) Access any written records concerning Student, including confidential school and school district information to which I would be entitled; I grant this authority to Agent pursuant to Education Code section 49075, unless and until the school district receives written notification from me to the contrary;
- (E) Make all decisions relating to school and educational matters, including without limitation, testing, placement, interdistrict and intradistrict transfers, participation in co-curricular and extra-curricular activities, special education and discipline of Student;
- (F) Make any other decisions, including medical decisions, arising out of or related to school or school sponsored activities.

I hereby grant to my Agent the full right, power, and authority to do every act, deed, and thing necessary or advisable to be done regarding the above powers, as fully as I could do if personally present and acting.

This Power of Attorney shall become effective immediately, and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue to be effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to Agent.

Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney.

If any part of any provision of this instrument shall be invalid or unenforceable under applicable law, such part shall be ineffective to the extent of such invalidity only, without in any way affecting the remaining parts of such provision or the remaining provisions of this instrument.

My Agent shall not be entitled to any compensation, during my lifetime or upon my death, for any services provided as my Agent. My Agent shall not be entitled to reimbursement or expenses incurred as a result of carrying out any provision of this Power of Attorney.

My Agent shall provide an accounting or all acts performed as my Agent, but only if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

I have read this Power of Attorney in full and understand and voluntarily agree to all of the provisions contained in this Power of Attorney. I recognize that this Agreement has important legal ramifications and that I have had the opportunity to consult with my own legal counsel (or another representative/advisor), if I so choose. I further declare that, prior to signing this Agreement, I apprized myself of relevant data, through sources of my own selection in deciding whether to execute this Agreement. I further represent that I have, as of the date of execution of this Power of Attorney, the legal capacity to understand, agree to, and sign this Power of Attorney.

Signed this _____ day of _____, 20_____.

(Parent/Guardian signature)

(Parent/Guardian Social Security No. or CA Driver’s License No.)

State of _____, County of _____

BY ACCEPTING OR ACTING UNDER THIS APPOINTMENT, THE AGENT ASSUMES THE FIDUCIARY AND OTHER LEGAL RESPONSIBILITIES OF AN AGENT.

Agent acknowledges and represents that he/she has read this Power of Attorney in full and understands and voluntarily agrees to all of the provisions contained in this Power of Attorney. Agent recognizes that this Agreement has important legal ramifications and that he has had the opportunity to consult with his/her own legal counsel (or another representative/advisor), if he/she so chooses. Agent further declares that, prior to signing this Agreement, he/she apprized him/herself of relevant data, through sources of his/her own selection in deciding whether to execute this Agreement. Agent further represents that he/she has, as of the date of execution of this Power of Attorney, the legal capacity to understand, agree to, and sign this Power of Attorney.

Among other fiduciary and legal responsibilities, Agent understands and agrees that he/she will be subject to all of the benefits and burdens related in any way to education or school attendance and activity of a minor, imposed on the parents or guardian of a minor under the California Education Code or other applicable California Law.

I understand the powers and responsibilities being granted to me and accept this appointment.

Signed this _____ day of _____, 20_____

(Signature of Agent)

State of _____, County of _____

This power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the Parent/legal guardian signing or acknowledgment of his or her signature.

Witness Signature: _____

Witness Signature: _____

Name: _____

Name: _____

City: _____

City: _____

State: _____

State: _____

STATE OF CALIFORNIA, COUNTY OF _____,

On _____ before me, _____,

personally appeared _____,

personally known to me

- OR -

proven to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same, and that by his/her/their signature(s) on the instrument the person(s) executed the instrument.

Signature of person taking acknowledgment

Name typed, printed, or stamped