

**Greater Albany SD 8J  
Administrative Regulation**

Code: **JECA-AR(3)**  
 Adopted: 1/18/95  
 Readopted: 3/12/01, 10/07/04,  
 8/13/07  
 Orig. Code(s): AR 5104-A

**Power of Attorney**

The purpose of this form is to give notice to the Greater Albany Public School District that I/we \_\_\_\_\_, parent(s)/  
 \_\_\_\_\_ Name Name  
 guardian(s) of \_\_\_\_\_, a minor child, born \_\_\_\_\_,  
 \_\_\_\_\_ Name Date of Birth  
 pursuant to ORS 109.056, do designated and appoint \_\_\_\_\_ of  
 \_\_\_\_\_ Name  
 \_\_\_\_\_ the lawful attorney for me in matters involving my minor child,  
 \_\_\_\_\_ Address

- to:
1. Consent to transport and receive medical and dental treatment including physicians and hospital care;
  2. Give permission in regard to school field trips and/or extracurricular activity participation and to release student records; and
  3. Act in the place of the parent(s)/guardian(s)<sup>1</sup> for all purposes relating to the health, education, discipline, attendance, control, care and welfare of the child during the time period the child is in the care and custody of the above named person.

Signatures of Parent(s)/Guardian(s) & Notary

\_\_\_\_\_  
 \_\_\_\_\_ Parent(s)/Guardian(s)

In witness thereof, I have signed this special power of attorney form \_\_\_\_\_ (month/day), 19\_\_ at \_\_\_\_\_  
 \_\_\_\_\_ (city), \_\_\_\_\_ (county), \_\_\_\_\_  
 \_\_\_\_\_ (state).

State of Oregon, County of \_\_\_\_\_,  
 By \_\_\_\_\_, Notary Public

Signatures of Person Appointed as Attorney and Notary

\_\_\_\_\_  
 \_\_\_\_\_ Appointed as Attorney

On this \_\_\_\_\_ day of \_\_\_\_\_, before me personally appeared the above named person, \_\_\_\_\_, and acknowledged the foregoing instrument to be his/her voluntary act and deed.

State of Oregon, County of \_\_\_\_\_,  
 By \_\_\_\_\_, Notary Public

*This Power of Attorney consent is valid for 6 months from the date of execution according to ORS 109.056.  
 Completed copies shall be distributed to the school, parent and person appointed as the attorney.*

<sup>1</sup>As used in this policy, the term parent includes legal guardian or person in a parental relationship. The status and duties of a legal guardian are defined in ORS 125.005 (4) and 125.300 - 125.325. The determination of whether an individual is acting in a parental relationship, for purposes of determining residency depends on evaluation of those factors and a power of attorney executed pursuant to ORS 109.056. For special education students, parent also includes a surrogate parent, and adult student to whom rights have transferred and foster parent as defined in OAR 581-015-0005 (18).