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

| | Nai | ne | |
|------------------------------------|--|--|--|
| guardia | an(s) of | | , a minor child, born, |
| | Naı | ne | Date of Birth |
| pursua | nt to ORS 109.056, do de | signated and appoint | Date of Birth of Name |
| | | | Name |
| | Address | the la | wful attorney for me in matters involving my minor child, |
| to: | Address | | |
| to: 1. | Concent to transport and | receive medical and den | tal treatment including physicians and hospital care; |
| | | | d/or extracurricular activity participation and to release student record |
| | | | ll purposes relating to the health, education, discipline, attendance, me period the child is in the care and custody of the above named |
| | | Signatures of P | arent(s)/Guardian(s) & Notary |
| | | Parent(s)/Guardian(| s) |
| | | | |
| | | | |
| In | aga thamaaf I haya alamad | this amonial mayyan of att | (month/dov) 10 at |
| In witn | ness thereof, I have signed | this special power of att | orney form(month/day), 19at |
| In witn | ess thereof, I have signed (state). | this special power of att | orney form(month/day), 19at |
| In witn | ess thereof, I have signed (state). | this special power of att | orney form(month/day), 19at |
| | ess thereof, I have signed (state). f Oregon, County of | | , |
| | | | orney form(month/day), 19at (county),, ry Public |
| State o | | , Nota | , |
| State o By | | , Nota Signatures of Persor | ry Public n Appointed as Attorney and Notary |
| State o By | f Oregon, County of | , Nota Signatures of Persor Appointed as Attorn | ry Public n Appointed as Attorney and Notary |
| State o By On this | f Oregon, County of | , Nota Signatures of Persor Appointed as Attorn | ry Public n Appointed as Attorney and Notary |
| State o By On this person | f Oregon, County of | , Nota Signatures of Persor Appointed as Attorn | ry Public n Appointed as Attorney and Notary |
| State o By On this person volunta | f Oregon, County of | , Nota Signatures of Persor Appointed as Attorn day of | ry Public n Appointed as Attorney and Notary ney |
| State o By On this person volunta | f Oregon, County of | , Nota Signatures of Persor Appointed as Attorn day of | ry Public n Appointed as Attorney and Notary ney |
| State o By On this person volunta | f Oregon, County of | , Nota Signatures of Persor Appointed as Attorn day of | ry Public n Appointed as Attorney and Notary ney |

¹As 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).