
(Date)

TO WHOM IT MAY CONCERN:

I, _____, father/mother of _____,
(parent name) (student name)

give legal authority to make any educational or medical decisions for

_____ in my absence to _____.
(student name) (guardian's name)

(parent signature in front of notary) (date)

NOTARY ACKNOWLEDGEMENT

STATE OF NEBRASKA
COUNTY OF _____

This person(s) was acknowledged before me on this ____ day of _____,
200__.

Notary Official

Notary Seal:

Commission expires _____