

POWER OF ATTORNEY

(Utah Code 75-5-103)

JFAB-E3

EMERY COUNTY SCHOOL DISTRICT- 120 North Main, Huntington, Utah 84528

District Phone # 435-687-9846

Know all men by these presents, that: _____ / _____
(Parents Names)

Address: _____ City: _____ State: _____ Zip: _____

hereby make, constitute, and appoint: _____ / _____
(Name(s) of adult(s) student will be living with)

Address: _____ City: _____ State: _____ Zip: _____

and each of them jointly, and each of them severally, my true and lawful attorney or attorneys, for and in my name of each of us, to do and perform any and all acts necessary as determined in their judgment of each of them severally, for the health and welfare of our (circle one) SON DAUGHTER _____, born _____, including, without limitation, the signing in my place and stead, consents for hospitalization and/or medical treatment, assistance and medical aid, psychological examination and assistance, of whatever nature, including surgery of any kind, as fully intents and purposes as we could do it personally present and we hereby ratify and affirm all that our said attorney or attorneys shall lawfully do or cause to be done by virtue hereof.

IN WITNESS WHEREOF, we, and each of us, have hereunto signed the Power of Attorney this _____ day of _____, 20____.

☐ _____ / ☐ _____
(Signature of PARENTS – in Full)

Notary

STATE OF: _____ **COUNTY OF:** _____

On this _____ **day of** _____, **20**____, **personally appeared before me,** _____
and _____
the signers of the within instrument who duly acknowledged to me that they executed the same.

☐ _____ **My Commission Expires:** _____

IN WITNESS WHEREOF, we, and each of us, have hereunto signed the Power of Attorney this _____ day of _____, 20____.

☐ _____ / ☐ _____
(Signature of APPOINTED ADULTS – in Full)

Notary

STATE OF: _____ **COUNTY OF:** _____

On this _____ **day of** _____, **20**____, **personally appeared before me,** _____
and _____
the signers of the within instrument who duly acknowledged to me that they executed the same.

☐ _____ **My Commission Expires:** _____

In the space provided below, please state briefly the reasons that make it necessary for the student to not live in the natural/custodial parent(s) home: _____

The above listed student is hereby granted permission to attend _____ school for the _____ year, or until the student changes legal residency, requires alternative placement, or this special permit is revoked.

Approved: _____ Date: _____

(Signature of Principal or Designee)

A copy of this form should be given to the parent/guardian and a copy sent to the District Superintendent