

# Delegation of Parental/ Guardian Powers Form



I certify that I am the parent or legal guardian of:

_____	_____
(FULL NAME OF MINOR CHILD)	(DATE OF BIRTH)
_____	_____
(FULL NAME OF MINOR CHILD)	(DATE OF BIRTH)
_____	_____
(FULL NAME OF MINOR CHILD)	(DATE OF BIRTH)

I designate \_\_\_\_\_ *Chad Jackson, President, Fairmont Schools, Inc.* \_\_\_\_\_  
(FULL NAME OF ATTORNEY-IN-FACT)

\_\_\_\_\_ *1575 West Mable Street Anaheim, CA 92802* \_\_\_\_\_  
(STREET ADDRESS, CITY, STATE AND ZIP CODE OF ATTORNEY-IN-FACT)

\_\_\_\_\_ (HOME PHONE OF ATTORNEY-IN-FACT) \_\_\_\_\_ (WORK PHONE OF ATTORNEY-IN-FACT)

as the undersigned's attorney-in-fact with respect to the minor child/ren.

I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of the minor child/ren, including but not limited to the right to enroll the minor child/ren in school, inspect and obtain copies of education records and other records concerning the minor child/ren, the right to attend school activities and other functions concerning the minor child/ren, and the right to give or withhold any consent or waiver with respect to school activities, such as field trips off campus, community service projects, various outdoor activities, which may include rock climbing, ropes courses kayaking, canoeing etc., medical and dental treatment, and any other activity, function or treatment that may concern the minor child/ren.

OR

I delegate to the attorney-in-fact the following specific powers and responsibilities (write in):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE SEE REVERSE PAGE FOR REQUIRED SIGNATURES

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This delegation does not include the power or authority of the attorney-in-fact to consent to the minor child/ren's marriage or adoption.

This power of attorney is effective for the 2021-22 School Year, beginning August 01, 2021 and ending July 31, 2022. I reserve the right to revoke this authority at any time.

By: \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN SIGNATURE)

Date: \_\_\_\_\_

**SIGNATURE MUST BE EITHER (1) NOTARIZED OR (2) WITNESSED BY TWO ADULTS. ATTORNEY IN FACT MAY NOT BE A WITNESS.**

\_\_\_\_\_  
WITNESS #1 - SIGNATURE

Date: \_\_\_\_\_

\_\_\_\_\_  
WITNESS #1 - PRINT NAME

\_\_\_\_\_  
WITNESS #2 - SIGNATURE

Date: \_\_\_\_\_

\_\_\_\_\_  
WITNESS #2 - PRINT NAME

I hereby accept my designation as attorney-in-fact for \_\_\_\_\_  
(MINOR CHILD/REN)

as specified in this power of attorney.

**ATTORNEY-IN-FACT SIGNATURE:**

\_\_\_\_\_

Chad Jackson, President, Fairmont Schools, Inc.