DURABLE POWER OF ATTORNEY FOR

EDUCATIONAL, MEDICAL AND RELIGIOUS DECISIONS

I, _____, born on _____,
and currently living at _____, in the City/County of
_____, appoint _____as my
attorney in fact or "Agent", to act in the place and stead and with the same authority as I would have under federal and state law regarding religious, health care and educational rights and decisions on behalf of my minor child(ren) _____

_____.

I understand that I am giving my agent the following rights:

1. To receive timely notice of all meetings and evaluations relevant to my minor child(ren)'s religious, health care and educational rights and decisions.

2. To actively participate in any meeting or decisions involving my minor child(ren)'s religious or educational services or evaluations.

3. To make decisions regarding my child(ren)'s religious education and training, their educational rights and opportunities, and their health care and treatment.

4. To review, approve and sign any document related to my child(ren)'s education, including, but not limited to, Individual Education Plans, as well as their religious instruction and health care.

5. To inspect and disclose information related to my child(ren)'s educational services, religious instruction and health care.

6. Request legal due process proceedings if a disagreement regarding my child(ren)'s special education program, health care or religious instruction arises.

7. Represent my interests in all circumstances regarding my child(ren)'s education, religious instruction or health care.

My agent is empowered to stand "in loco parentis" taking my role as the child(ren)'s natural parent/legal guardian and, therefore, place themselves in the situation of a lawful parent by assuming and discharging the obligations of a parent to a child. The agent is empowered by this power of attorney to assume the day-to-day responsibilities of caring for and

financially supporting the child(ren). Any ambiguity regarding the scope of the grant of authority should be resolved in favor of a comprehensive grant of agency.

This is a Durable Power of Attorney and shall not terminate upon my incapacity, including imprisonment, immigration detention or deportation/removal. I reserve to right to revoke this power of attorney at any time. I do not forfeit any of my own rights pertaining to my minor child(ren)'s educational, religious and health care by executing this Power of Attorney.

Signature of Parent:_____

Name of Parent:_____

Date

I attest that _____ signed this Education Power of Attorney in my presence.

Witness Signature Date Witness Signature Date