

ZILLAH PUBLIC SCHOOLS

Power of Attorney or Release Form

_____ who attest that he/she is the legal guardian of
(name of parent/guardian)

_____ is preparing this form in order to allow _____
(name of student) (name of student)

to attend school in the Zillah School District.

Zillah School District No. 205 and in order to provide informed health care decisions to be made, as necessary, on the declarant's behalf when he/she is unavailable. In that regard:

KNOW ALL MEN BY THESE PRESENT THAT _____, who attest
(name of parent/guardian)

that he/she is the legal guardian of _____ hereby designates
(name of student)

_____, residing at: _____, in
(name of person to whom powers are given) (address)

the city of _____, County of _____, State of Washington, as

attorney-in fact for the following special purposes: to provide food, housing, care and maintenance, including as necessary, financial support, to _____, including the power to
(name of student)

provide informed consent for health care decisions on behalf of the declarant and including financial responsibility for such decisions, financial responsibility to be joint declarant. I understand that by my signing of this form, I am agreeing to the terms and conditions declared above.

(declarant)

SUBSCRIBED and sworn to before me this _____ day of _____, year _____.

Notary Public in and for the State of
Washington residing in Yakima County
Commission Expires: _____