

**POWER OF ATTORNEY FOR CARE OF MINOR CHILD**  
**BROOKING SCHOOL DISTRICT NO. 05-1**

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Name of Parent/Guardian) (Street, City, State, Zip Code)  
having the legal custody of \_\_\_\_\_, do hereby  
(Name of Minor Child)  
designate \_\_\_\_\_, whose legal residence is  
(Name of Power of Attorney)  
\_\_\_\_\_ as Attorney-in-Fact (Power of Attorney) to act as the  
(Street, City, State, Zip Code)  
custodian for my minor child.

I give Power of Attorney the authority to seek enrollment of my minor child in Brookings School District 05-1 (School District), attend parent/teacher conferences, receive information concerning my minor child's progress in school and any disciplinary matters, and participate in and consent to School District's testings/evaluations/decisions/hearings/meetings that affect my minor child's evaluation for placement in or removal from any type of special educational classes or programs.

I further direct Power of Attorney to sign on my behalf any consents to School District necessary for my minor child to participate in educational and extracurricular activities.

I also authorize and direct Power of Attorney to make health care decisions for my minor child on my behalf. This would include but not be limited to consent to medical procedures and the ability to obtain from hospitals and medical care providers information concerning the health and treatment of my minor child.

I hereby declare that all acts done by my Attorney-in-Fact shall be binding upon me.

This document shall continue until specifically revoked by me in writing and provided to School District's Administrative Office, 2130 8<sup>th</sup> Street South, Brookings, SD 57006.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

**NOTARY**

STATE OF SOUTH DAKOTA)  
  ):SS  
COUNTY OF BROOKINGS  )

Subscribed, sworn to, and acknowledged before me by \_\_\_\_\_,  
  (Name of Parent/Guardian)  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public – South Dakota

My Commission Expires:

(SEAL)

**PLEASE NOTE:** The person to whom Power of Attorney has been extended for the minor child shall be the person School District contacts regarding all school-related matters, including but not limited to: enrollment, withdrawal, illness, medical treatment, truancy, disciplinary problems, extracurricular activities, grade reporting, special education matters, testing, access to programs, and field trips.