

## Educational and Medical Guardianship Form

### Strafford R-VI Schools

Student Name: \_\_\_\_\_ D. O. B. \_\_\_\_\_

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

This form is in reference to the educational decision making of my above-mentioned child. The following individual has my permission to make any educational or medical decisions and sign any educational/medical paperwork including Special Education paperwork necessary in case of my absence.

To revoke this, it must be done so in writing and presented to the Elementary Principal.

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

\_\_\_\_\_  
Designated Decisions Maker Signature

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Relationship to Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date