

WASHINGTON COUNTY SCHOOL DISTRICT  
DURABLE POWER OF ATTORNEY  
(Under U.C.A. § 53A-2-201)

**(To be filled out by parent)**

The undersigned Grantor(s) is the custodial parent(s) or legal guardian(s) of \_\_\_\_\_, a minor child (student), residing at \_\_\_\_\_

Street                                      City                                      State                                      Country                                      Postal Code                                      Phone

Pursuant to Subsection 53A-2-201 (3), Utah Code 1995, Grantor(s) hereby designates

\_\_\_\_\_, living at \_\_\_\_\_ as the Custodian(s) of the Student, and grants to said Custodian(s) a Durable Power of Attorney with full authority to take any appropriate action in the interest of the Student, including authorization for education or medical services. Such action shall have the same force and effect, and shall bind the undersigned Grantor(s), their heirs and assigns, to the same degree as would have been the case had the action been taken by the Grantor(s)

Grantor(s) agrees to assume full responsibility for payment of any fees or other charges relating to the Student's education in the Washington County School District.

This power of attorney is valid for six months or until the end of the current school year.

**THIS POWER OF ATTORNEY DOES NOT CONFER LEGAL GUARDIANSHIP**

**GRANTOR – PARENT**

\_\_\_\_\_  
Father Signature in Full

\_\_\_\_\_  
Mother's Signature in full

On this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_, Personally appeared before me \_\_\_\_\_, or proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that (s)he signed it voluntary for its stated purpose.

NOTARY PUBLIC \_\_\_\_\_

MY COMMISSION EXPIRES \_\_\_\_\_

**CUSTODIAN(S) – HOST FAMILY**

The undersigned, whose relationship to the student is \_\_\_\_\_, accepts the designation as Custodian(s) of the Student \_\_\_\_\_ and agrees to take all action necessary for the health and welfare of the student, including authorization for educational or medical services and full cooperation with the public school district where the Student may be enrolled. The undersigned also agrees to assume responsibility for any fees or other charges relating to the Student's education in the district.

\_\_\_\_\_  
Host Father Signature in Full

\_\_\_\_\_  
Host Mother Signature in Full

On this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person whose name is signed, and acknowledged to me that (s)he signed it voluntary for its stated purpose.

State of Utah  
County of \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_