

Host Family and/or Custodial Parent Form

Student Name : _____ Birth Date: _____ / _____ / _____
MM *DD* *YYYY*

Natural Father: _____ Natural Mother: _____

Foreign Address: _____
Street Address

City Province/Territory Postal Code Country

Host Family Name : _____

Local Address Where Student Will Be Living While Attending School:

Street Address City State Zip Code

Authorization for Adult to Act as Custodial Parent

I (We) hereby authorize the following person(s) to act on my (our) behalf in the matters described below:

1. For medical decisions and/or treatment, including medication authorization, while attending school or participating in school related activities, I hereby appoint:

(Name and phone number of Custodian)

residing at: _____

(If address is different than Host Family)

2. For all other school related decisions, such as, but not limited to, signing absence verifications, approving field trips, extra-curricular activities and sports participation, acknowledging notifications, attending parent conferences and signing other authorizations, I hereby appoint:

(Name and phone number of Custodian)

residing at: _____

(If address is different than Host Family)

Dated this _____ day of _____, 20_____.

Signature of Natural Father

Signature of Natural Mother