**POWER OF AUTHORITY**

Enrolled Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This power of authority authorizes another person to receive and sign documentation concerning your child that is enrolled in our EHS-CCP program managed by The Order of the Fishermen Ministries Head Start (TOFM). Your authorized person(s) will be able to receive documentation (ie. Forms, Notes, Learning Plans) possibly containing personal and confidential information about you or your child as well as sign documents with respect to your child’s behavior, development and progress in our program in the event you are unable to do so yourself.

I grant power of authority with respect to the following subjects:

INITIAL each subject you want to include in this power of authority.

\_\_\_\_\_\_\_ (A) Parent Teacher Conferences

\_\_\_\_\_\_\_ (B) Home Visit(s)

\_\_\_\_\_\_\_ (C) Individual Learning Plan (ILP)

\_\_\_\_\_\_\_ (D) Incident Report (non-serious)

\_\_\_\_\_\_\_ (E) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ (F) Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Authorized Person (1) Relationship to Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Person (2) Relationship to Child

By signing this Power of Authority, you are giving permission to the above individuals to receive and sign forms on your behalf. *This power of authority does not authorize person(s) to make medical and health care decisions for you.*

*\*Any person you give power of authority to must also be an authorized individual on your child’s information card.*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_