

**LIMITED POWER OF ATTORNEY &  
CONSENT FOR EDUCATIONAL and MEDICAL SERVICES**

**KNOW ALL MEN BY THESE PRESENTS:**

I, \_\_\_\_\_ (Name of custodial parent or legal guardian), with a mailing address of \_\_\_\_\_, the custodial parent or legal guardian of \_\_\_\_\_, a minor child(ren), do hereby appoint and designate \_\_\_\_\_ (Name of agent), with a mailing address of \_\_\_\_\_, my true and lawful attorney in fact and agent (hereinafter jointly called "agent") in my name:

1. **Grant of Power:** To exercise or perform any act, power, duty, right or obligation whatsoever that I now have or may hereafter acquire to carry out the following, so long as my child(ren) resides with my agent to enroll the child(ren) in Spearfish School District No. 40-2 and make decisions concerning his or her educational needs and receive his or her educational records, including the express authority to consult with school officials and/or to consent or participate in all school-related matters, including without limitation student discipline, counseling, field trips, athletics, extra curricular activities, health care and medical treatment decisions and to consent to the medical care and treatment of my child(ren) related to his or her school attendance and receive his or her medical reports and/or records from the school.
2. **Interpretation:** This instrument is to be construed and interpreted as a limited power of attorney for only the purposes herein contained.
3. **Third Party Reliance:** The Spearfish School District No. 40-2 and other third parties may rely upon the representations of my agent, and no person or entity who may act in reliance upon the representations of my agent or the authority granted to my agent shall incur any liability to me as a result of permitting my agent to exercise the powers granted herein.
4. **Representation:** This Power of Attorney form is provided as a service of the Spearfish School District No. 40-2 and was prepared for the School District by its attorney. The parent/guardian is advised to seek independent legal advice on questions related to this document.

**IN WITNESS WHEREOF**, I have executed this Limited Power of Attorney this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

State of South Dakota )  
  ) ss.  
County of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged that he/she executed the same for the purposes therein contained.

**IN WITNESS WHEREOF**, I have set my hand and official seal.  
(SEAL)

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_