

Parent-Only Decision-Making Authorization

Date:

I, , am the parent/legal guardian of , born on .

I hereby declare that I am authorized to make decisions regarding the welfare, health, and education of my child named above. I understand that I am the only person permitted to make such decisions unless otherwise specified by court order or written agreement.

This authorization is being provided to notify all relevant parties that only I, as the parent/legal guardian, am authorized to sign documents or make decisions pertaining to my child.

Parent/Guardian Signature

Signature: _____

Printed Name:

Date:

Contact Information

Address:

Phone:

Email: