

**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 Apt/Suite # 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*