

NOW, THEREFORE, THIS AGREEMENT:

In and for the consideration of the mutual undertakings herein, _____
 [Biological Father]

and _____, biological parents, do hereby grant unto _____
 [Biological Mother] [Custodial Parent]

and _____, custodial parents, the temporary care, custody and parental
 [Custodial Parent]

responsibility (but not necessarily financial responsibility) for their child, _____,
 [Child's Name]

and authorize and designate _____ and _____ as their
 [Custodial Parent] [Custodial Parent]

duly constituted attorneys-in-fact to deal on their behalf with the Wicomico County Board of
 Education from this date until the Wicomico County Board of Education receives written
 notification that this agreement has been terminated regarding all educational matters of any type
 whatsoever involving their child, _____.
 [Child's Name]

_____ and _____, biological parents, specifically
 [Biological Father] [Biological Mother]

authorize the Wicomico County Board of Education to deal solely and exclusively with
 _____ and/or _____, custodial parents, on any matter in
 [Custodial Parent] [Custodial Parent]

which the Wicomico County Board of Education would have dealt with
 _____ and/or _____, biological parents, and do hereby
 [Biological Father] [Biological Mother]

release, indemnify and hold harmless the Wicomico County Board of Education, its agents,
 servants and employees from any and all causes of action, known or unknown, including
 disclosure of student records and information, for dealing solely and exclusively with
 _____ or _____, custodial parents.
 [Custodial Parent] [Custodial Parent]

_____ and/or _____, biological parents, do
[Biological Father] [Biological Mother]
hereby authorize the Wicomico County Board of Education to share any and all educational records, personal records or other information effecting _____ with
[Child's Name]
_____ and/or _____, custodial parents, as though they
[Custodial Parent] [Custodial Parent]
were in fact his/her parents.

_____ and _____, biological parents, further
[Biological Father] [Biological Mother]
authorize _____ and/or _____, custodial parents, to make
[Custodial Parent] [Custodial Parent]
any and all decisions necessary in regard to medical treatment, should the same be necessary for
_____, child, and to stand in place of his/her parents and with full authority
[Child's Name]
on behalf of his/her parents to make such decisions.

_____ and _____, custodial parents, do hereby
[Custodial Parent] [Custodial Parent]
agree to assume responsibility for dealing with the Wicomico County Board of Education on behalf of _____, child, pursuant to this Agreement and agree to work
[Child's Name]
cooperatively with the Wicomico County Board of Education to promote the best education interest of _____, child.
[Child's Name]

The Wicomico County Board of Education shall be entitled to rely upon this Agreement and this Agreement cannot be terminated without written notification to the Wicomico County Board of Education, which shall not be effective until received. In the event this agreement is terminated, the rights of _____, child, to continue as a Wicomico County
[Child's Name]
Board of Education student shall likewise be terminated.

AS WITNESS the hands and seals of the parties hereto, this _____ day of
[N. Day]

_____, _____
[Month] [Year]

TEST:

As to Both Biological Father (SEAL)

Biological Mother (SEAL)

As to Both Custodial Father (SEAL)

Custodial Mother (SEAL)

STATE OF MARYLAND, COUNTY OF WICOMICO, TO-WIT:

I HEREBY CERTIFY, that on this _____ day of _____, before me, a Notary Public in and for the State and County aforesaid, personally appeared _____ and _____, biological parents, who made oath in due form of law and acknowledged the foregoing Agreement to be their respective act and deed.

AS WITNESS my hand and Notarial Seal.

Notary Public (SEAL)

My Commission Expires:

30/PSG
121. A

STATE OF MARYLAND, COUNTY OF WICOMICO, TO-WIT:

I HEREBY CERTIFY, that on this _____ day of _____, before me, a Notary Public in and for the State and County aforesaid, personally appeared _____ and _____, custodial parents, who made oath in due form of law and acknowledged the foregoing Agreement to be their respective act and deed.

AS WITNESS my hand and Notarial Seal.

Notary Public (SEAL)

My Commission Expires:

30/PSG
121. A

SPECIAL EDUCATION ISSUE

If the parent or legal guardian of the child is available they are the person(s) that are legally responsible for Special Education matters such as attending IEP meetings, participating in the development of the IEP, and giving permission for implementation of the IEP. The school is not legally able to discuss these matters with other parties unless the court has granted custody to another person or the parent has supplied a notarized written statement that grants another person the express responsibility of acting on behalf of the parent regarding the Special Education issues pertaining to the child as a result of the parent not being available for these proceedings. This is not considered to be a matter of convenience and the parent should make every effort to be present. In the event that such a notarized statement is provided to the school naming another relative to act on behalf of the parent and student, the parent shall still be given notice of and invited to all Special Education meetings and copies of minutes and IEPs will be sent to the parent. In the event that the parent is unable to attend the parent shall notify the school that they will not be in attendance and the specified representative named in the notarized statement will be present and act on their behalf.

Date: _____

Parent: _____

Custodial Parent: _____

Notary: _____