

**Entrustment Agreement, Power Of Attorney, And
Consent to Delegation**

I, _____ of _____
(insert full name of parent or guardian) (insert complete mailing address)

am the _____
(insert "natural mother," "natural father," or "legally-appointed guardian")

of _____ (Student) whose date of birth is _____.
(insert full name of student) (DOB)

I desire to delegate all of my powers as Student's _____
(insert "parent" or "guardian")

pursuant to Section 15-14-104, Colorado Revised Statutes, including, but not limited to those set forth below, and grant this general power of attorney over the business and personal affairs of the Student.

I do now hereby entrust Student to _____ whose
(insert name of person)

address is _____ and give
(insert complete mailing address)

_____ a general power of attorney over the business and
(insert name of person)

person affairs of the Student.

I intend that _____ have full powers to:
(insert name of person)

1. Make any and all arrangements necessary for the property and appropriate education of Student;
2. Make any and all necessary arrangements for the proper and appropriate medical care of Student including, but not limited to, medical, dental, psychiatric and psychological care, and to give written or verbal consent for such care; and,
3. Exercise in all respects all power or rights with respect to Student as fully as I myself could except my power to consent to Student's marriage or adoption.

This Entrustment Agreement and Power of Attorney shall take effect immediately upon my signature, and shall continue until I revoke and cancel it, until I substitute another person, until my death, or until nine months has expired, whichever event occurs first. This Entrustment Agreement and Power of Attorney shall not terminate upon my disability or incompetence.

Dated: _____
(Signature of Parent or Guardian)

STATE OF COLORADO)
)ss
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____,
20____, by _____.

Witness my hand and official seal.

My commission expires: _____.

Notary Public

CONSENT TO DELEGATION

The undersigned hereby accepts the powers and responsibilities for Student delegated to him/her by the Student's parent or guardian, and agrees to be responsible for the Student's conduct in all school-related activities. The undersigned further agrees to cooperate with the teachers and administrators of Eagle County School District RE-50J (District) in all matters related to the Student's education, including, but not limited to, academic, discipline, and extra-curricular matters.

Signature of Delegate

The foregoing instrument was acknowledged before me this ____ day of _____,
19____, by _____.

Witness my hand and official seal.

My commission expires: _____.

Notary Public

NOTE: This Entrustment Agreement, Power of Attorney, and Consent to Delegation is for use when a parent or guardian who is a resident of the State of Colorado but not a resident of Eagle County School District RE-50J (District) delegates to a resident of the District the parent or guardian's powers with respect to a child who is residing in the District and attending a District school.