

# **Rhode Island Forms**

**PARENTAL AUTHORIZATION/APPOINTMENT OF GUARDIAN**

In the event that I/we, \_\_\_\_\_,  
(parent(s) name(s))

of \_\_\_\_\_, Rhode Island, am/are, for any reason, absent or otherwise  
(city)

unable to care for, or make decisions regarding, my/our child(ren),

\_\_\_\_\_,  
(child's name) (child's date of birth)

\_\_\_\_\_,  
(child's name) (child's date of birth)

\_\_\_\_\_,  
(child's name) (child's date of birth)

\_\_\_\_\_,  
(child's name) (child's date of birth)

I/we, hereby give temporary custody of my/our above-named child(ren) to

\_\_\_\_\_ of \_\_\_\_\_  
(name of caregiver) (city and state)

or, if above-named caregiver is not immediately available, to

\_\_\_\_\_,  
(name of alternate caregiver)

who shall, acting as custodian, be referred to as the "custodian."

I/we hereby authorize and empower the custodian to authorize and obtain medical care and treatment (whether of an emergency nature or otherwise, and whether involving surgical treatment, blood transfusions, vaccines, medication or otherwise) for my/our above-named child at any time.

I/we also authorize and empower the custodian to enroll my/our above-named child in the educational system of the city or town where the custodian resides or in any other educational institution the custodian deems advisable.

I/we make the foregoing authorizations as evidence of my/our intent that my/our above-named child obtain prompt and complete medical care in my/our absence or in the event of my/our inability to care for, or make decisions about, him/her, regardless of whether such absence or inability is only temporary or is for a

lengthy or indefinite period. In such case, I/we further authorize and empower the custodian, with full power of substitution for me/us and in my/our name(s), place, and stead, to make any and all decisions for my/our above-named child's education, welfare and well-being that I/we might or could make.

Notwithstanding the foregoing, if the need should arise during my/our lifetime for a guardian for my/our above-named child, I appoint the above-named caregiver guardian of my above-named child's person and estate, or, if the above-named caregiver fails or ceases to serve, I appoint the above-named alternate caregiver guardian. No guardian should be required to furnish any bond or surety.

This appointment may be revoked by me/us in writing but shall remain in full force and effect unless revoked or when my/our child reaches the age of majority. A photocopy of this document shall have the same effect as the original.

This *Parental Authorization/Appointment of Guardian* was read to me/us in *Spanish* if that is my/our primary language. I/we understand its contents and sign it voluntarily and without duress.

**\*\*DO NOT SIGN UNTIL YOU ARE STANDING IN FRONT OF A NOTARY\*\***

\_\_\_\_\_  
Signature of Parent(s)

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name Parent(s)

\_\_\_\_\_  
Signature of Parent(s) (Optional)

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name Parent(s) (Optional)

Certificate of Notary Public

State of Rhode Island  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved through satisfactory evidence of identification, to be the person(s) who signed the preceding document in my presence and acknowledged to me that s/he/they signed the document voluntarily for its stated purpose.

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

\_\_\_\_\_  
Print Name

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

**AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS  
AND APPOINTMENT OF GUARDIAN  
FOR EDUCATIONAL PURPOSES**

In the event that I/we, \_\_\_\_\_,  
*(parent(s) name(s))*

whose address is \_\_\_\_\_,  
*(address of parent(s))*

am/are, for any reason, absent or otherwise unable to care for, or make decisions regarding,

my/our child(ren), \_\_\_\_\_,  
*(child's name) (child's date of birth)*

\_\_\_\_\_,  
*(child's name) (child's date of birth)*

\_\_\_\_\_,  
*(child's name) (child's date of birth)*

\_\_\_\_\_,  
*(child's name) (child's date of birth)*

I/we, hereby authorize \_\_\_\_\_,  
*(name of caregiver)*

whose address is \_\_\_\_\_,  
*(address of caregiver)*

to act in my/our behalf as the guardian of my/our above-named child(ren) for education purposes. I/we expressly appoint and authorize the above-named caregiver to have authority regarding all educational decision making for my/our above-named minor child(ren); to receive all educational records; to discuss all education matters with school personnel and to make any decisions regarding educational placement, services, or rights for my/our above-named child(ren).

Educational records for purposes of this authorization for release to the above-named caregiver include, but are not limited to:

- Grades and progress reports
- Discipline records
- Evaluations and assessments
- Special education records
- Medical records including substance abuse, psychological, and HIV
- Pin and passord for any parent/student internet information system
- Counseling records

- Attendance records

This release and appointment may be revoked by me/us in writing but shall remain in full force and effect unless revoked or when my/our child(ren) reaches the age of majority. A photocopy of this document shall have the same effect as the original.

This *Authorization for Release of Educational Records and Appointment of Guardian for Educational Purposes* was read to me/us in *Spanish* if that is my/our primary language. I/we understand its contents and sign it voluntarily and without duress.

**\*\*DO NOT SIGN UNTIL YOU ARE STANDING IN FRONT OF A NOTARY\*\***

\_\_\_\_\_  
Signature of Parent(s)

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name Parent(s)

\_\_\_\_\_  
Signature of Parent(s) (Optional)

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name Parent(s) (Optional)

Certificate of Notary Public

State of Rhode Island  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved through satisfactory evidence of identification, to be the person(s) who signed the preceding document in my presence and acknowledged to me that s/he/they signed the document voluntarily for its stated purpose.

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

\_\_\_\_\_  
Print Name

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

**POWER OF ATTORNEY FOR HEALTHCARE**

In the event that I/we, \_\_\_\_\_,  
*(parent(s) name(s))*

whose address is \_\_\_\_\_,  
*(address of parent(s))*

am/are, for any reason, absent or otherwise unable to care for, or make decisions regarding

my/our child(ren), \_\_\_\_\_,  
*(child's name)* *(child's date of birth)*

I/we, hereby appoint \_\_\_\_\_,  
*(name of caregiver)*

whose address is \_\_\_\_\_,  
*(address of caregiver)*

as my/our agent for health care decision making and grant to my/our agent all power and authority regarding the medical treatment of my/our above-named child. I/we further grant my/our agent authority to make and withhold consent to any action that may be necessary to provide for the medical treatment and care of my/our above-named minor child.

The authority given to my agent includes, but is not limited to, serving as my personal representative to act on my behalf and exercise my rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This release and appointment may be revoked by me/us in writing but shall remain in full force and effect unless revoked or when my/our child reaches the age of majority. A photocopy of this document shall have the same effect as the original.

This *Power of Attorney for Healthcare* was read to me/us in *Spanish* if that is my/our primary language. I/we understand its contents and sign it voluntarily and without duress.

**\*\*DO NOT SIGN UNTIL YOU ARE STANDING IN FRONT OF A NOTARY\*\***

\_\_\_\_\_  
Signature of Parent(s)                                  Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name Parent(s)

\_\_\_\_\_  
Signature of Parent(s) (Optional)                                  Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name Parent(s) (Optional)

Certificate of Notary Public

State of Rhode Island  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, personally known to me or proved through satisfactory evidence of identification, to be the person(s) who signed the preceding document in my presence and acknowledged to me that s/he/they signed the document voluntarily for its stated purpose.

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

\_\_\_\_\_  
Print Name

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