

**AUTHORIZATION FOR EMERGENCY AND CUSTODIAL DECISIONS  
LEDYARD PUBLIC SCHOOLS**

Form 5111.3 (g)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

The above-named student will temporarily be in the care and custody of a person other than the parent/legal guardian. This authorization entitles that person to make all educational and medical decisions for that child and charges that person with all responsibilities for ensuring educational attainment under Connecticut law and the policies and practices of the Ledyard Board of Education, including the necessary home support for education success. These authorizations and charges include but are not limited to:

- Make all medical decisions for child, including authorization for medical treatments
- Represent child's interests and make decisions at all meetings regarding child's programming
- Complete and sign all records and documents associated with student enrollment and membership in the Ledyard Public Schools
- Promptly retrieve student in cases of dismissal including illness, discipline, etc.
- Attend conferences and other meetings necessary to promote the child's welfare and educational interests
- Ensure that the child is prompt and attends school on a regular basis
- Ensure that the student is ready for school with proper rest, medical attention, nourishment and dress
- Communicate with school staff regarding grades, behavior, social and emotional matters
- Received grade, testing and other reports regarding the child

*And any other duties and responsibilities necessary to ensure the child's well being*

Name of Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone where Parent can be reached in Absenteeism \_\_\_\_\_

Name of Temporary Custodian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

We the undersigned agree to the assignment of the above rights and responsibilities. This custody assignment will begin on \_\_\_\_\_ and continue until \_\_\_\_\_. I (we) understand that the child is eligible for educational services in Ledyard Public School only while he/she remains a resident of the town in the care of the named custodian.

Both parties must appear at the school with proper identification to sign this authorization. In lieu of appearance, this form must be signed and notarized by a Notary Public.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Temporary Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_

The above parties appeared before me on \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public Seal of Notary Public