



Caregiver Acceptance of Temporary Parental Consent

Form 3120F8 must be completed by the Parent/Legal Guardian as well.

Student's Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ School _____

I/We accept the parents' consent for the student to reside with me/us at _____ Address _____

I/We may be contacted by telephone at _____ Primary Phone _____ Cell Phone _____

I/We accept the parents' authorization for me/us to provide consent as necessary and make all decisions regarding the student's education, health, and emergencies while the student is in my/our care. I/We further accept the parents' authorization for me/us to receive communications and education records from the school for the student, while the student is in my/our care.

I/We understand the parents' consent is effective until _____ (expiration date required), unless it is revoked prior to expiration by either parent at any time by delivering signed, written notice to me/us and the school.

Caregiver 1

Sign here before a Notary Public _____ Date _____

Print name _____ Relationship to student _____

NOTARY USE ONLY

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20 _____

Signature _____

Name (print): _____

Notary Public in and for the State of Washington, residing at _____ City _____ County _____

Seal/Stamp

My Commission expires: _____

Caregiver 2

Sign here before a Notary Public _____ Date _____

Print name _____ Relationship to student _____

NOTARY USE ONLY

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20 _____

Signature _____

Name (print): _____

Notary Public in and for the State of Washington, residing at _____ City _____ County _____

Seal/Stamp

My Commission expires: _____