

**LIMITED POWER OF ATTORNEY  
CAREGIVING AND EDUCATIONAL DECISIONMAKING**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
Parent/Legal Guardian Name Street Address  
\_\_\_\_\_, am of sound mind, over the age of  
\_\_\_\_\_, City, State and Zip Code  
City, State and Zip Code  
eighteen (18) and capable of authorizing this limited power of attorney.

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_  
Parent/Legal Guardian Name Name of child(ren)  
\_\_\_\_\_.  
\_\_\_\_\_ (child or children).

As the parent/legal guardian of the child(ren) listed above, I hereby designate and appoint  
\_\_\_\_\_ as the relative caregiver for such child(ren). The  
Name of Relative Caregiver  
relative caregiver resides at \_\_\_\_\_  
Street Address  
in \_\_\_\_\_, \_\_\_\_\_ County, \_\_\_\_\_. I am hereby  
City County State  
granting to the relative caregiver the authority to make and consent to any and all educational  
services and decisions on behalf of the child(ren).

The authority granted herein shall be effective for a period of one year from the date the  
relative caregiver signs the Relative Caregiver Affidavit.

\_\_\_\_\_  
Parent/Legal Guardian Date

THE STATE OF MISSOURI

COUNTY OF \_\_\_\_\_

I hereby affirm that the above-referenced individual personally appeared before me on this date  
and affixed his/her signature hereto.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Notary Seal)

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

My commission expires: \_\_\_\_\_