STATE OF TEXAS

COUNTY OF _____

CAREGIVER AFFIDAIVT

_____ appeared in person before me today and stated under oath:

"My name is _____. I am competent to make this affidavit. The facts stated in this affidavit are within my personal knowledge and are true and correct.

"I am a resident of the _____ School District. My address is: ___ _____. _____, d/o/b _____, has lived with me since approximately _____. _____ is the mother of _____. H__ father is unknown.

[Circumstances of how child was left in the care of the caregiver, whereabouts of parent(s), and efforts to contact parents.]

I accept full responsibility to provide care for and support _____, and to make all decisions regarding h___ education, medical needs, and any other decision needed to serve h____ best interest.

_____
Signature of Caregiver

_____
Name of Caregiver

SIGNED under oath before me on _____.

_____
NOTARY PUBLIC, STATE OF TEXAS

SPECIAL POWER OF ATTORNEY

THE STATE OF TEXAS §
§
§ KNOW BY ALL THESE PRESENTS:
§
COUNTY OF _____ §

THAT I, _____, am a resident of _____ County and parent of _____. I have made, constituted, and appointed, and by these presents do make, constitute, and appoint _____, whose address is _____, my true and lawful attorney, for me and in my name, place, and stead to do the following acts:

(1) To maintain physical possession of _____, whose date of birth is _____, and whose Social Security number is _____, hereinafter referred to as "the child";

(2) To provide care, control, possession, protection, moral, and religious training, and reasonable discipline to the child;

(3) To consent to medical, psychiatric, and surgical treatment of the child, including but not limited to emergency and invasive procedures;

(4) To have access to medical, dental, and educational records of the child; and

(5) To register the child for school and to authorize participation in school activities and placement in special educational programs.

I give and grant unto said attorney full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present. I hereby ratify and confirm all my attorney shall lawfully do or cause to be done by virtue of this power of attorney.

Nothing in this document can or should be construed as in any way limiting my own powers as the parent of the child. In executing this document, I do not relinquish conservatorship of the child. This document is not to be interpreted as granting or an agreement to grant conservatorship rights to anyone else.

I hereby specially retain the following rights:

(1) To be notified within 8 hours of any medical condition of the child requiring surgical intervention and/or hospitalization and within 24 hours of any medical treatment; and

(2) To communicate and visit with the child at any reasonable time as long as it does not interfere with their school or their schoolwork.

This Special Power of Attorney will expire on _____, and may be voluntarily revoked by me by execution of a written revocation at any time before that date.

IN WITNESS THEREOF, I have hereby set my hand this the _____ day of _____, 20___.

Signature of Parent: _____

Printed Name of Parent: _____

Witness

Signature: _____

Printed Name: _____

Printed Address: _____

Witness

Signature: _____

Printed Name: _____

Printed Address: _____

STATE OF TEXAS

COUNTY OF _____

This document was acknowledged before me on the _____ day of the month of _____ in the year 20___.

Seal of Notary:

Printed Name of Notary: _____

My commission expires: _____