

Parent/Legal Guardian Proxy

I, _____, the parent / legal guardian of the student(s) listed below, give permission for the following person to be my proxy in order to authorize emergency medical care and supervise my student(s) at all times while I am not at Inquisiminds. I give my proxy permission to sign my student(s) in and out of Inquisiminds. I understand that I am responsible for maintaining current contact information and I certify I have obtained permission of the proxy to act on my behalf. I understand I take full responsibility to notify my proxy when they are required to supervise my student(s).

Parent/legal guardian signature

date

Parent/Legal Guardian Name	Cell Phone	Email address

Student's Name	Age	Any Medical issues

Proxy's Name	Cell Phone	Email