NORTHERN ACADEMY

1 Ashley Avenue
Middletown, NY 10940
USA

t +1 (845) 288-0636
e admissions@northernacademy.org
www.northernacademy.org

Temporary Guardianship Appointment / Power of Attorney

I. For the student named _____ (hereinafter known as the "Child"), I/We, _____ are the parent(s) with a street address of _____ State of _____, Country of _____.

II. I/We hereby appoint _____, with a street address of _____, State of _____, Country of _____ to be the temporary guardian for my child (hereinafter referred to as "Temporary Guardian"). The Temporary Guardian can be reached by:

Email: _____ Phone number:_____

III. I/We delegate to the Temporary Guardian the powers and all authority that I have as the minor's legal parent/guardian under the State of New York. This permission includes, but is not limited to, the administration for any and all medical and/or dental attention to be administered to my child/children, first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the temporary guardian(s) to make educational decisions for my child/children and any school trips, club or athletic event or team and for any other reason.

IV. This Power of Attorney shall be governed under the laws in the State of New York and shall commence on the ____ day of _____ , 20____ and end on ____ day of _____ , 20____. This Power of Attorney can be terminated at any time by completing a revocation or by creating a new minor power of attorney form.

THE SIGNATURE(S) BELOW MUST BE NOTARIZED.

Both parents/legal guardians must sign this appointment:

Name: _____	**Name**: _____
Signature: _____	**Signature**: _____
Date: _____	**Date**: _____

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this ____ day of _____, 20____, before me appeared _____, the Parent(s) who proved to me through government issued photo identification to be the above-named person(s), in my presence executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

(Notary Seal)

_____
Signature of Notary Public

Revised 08222024

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WITNESS AFFIRMATION STATEMENTS

I witnessed the execution of this Power of Attorney by the parent(s) and I declare that the person(s) who signed or acknowledged this document is/are personally known to me, that he/she/they signed or acknowledged this Temporary Guardianship Appointment and Power of Attorney in my presence, and that he/she/they appear to be of sound mind and under no duress, fraud, or undue influence.

WITNESS 1

Witness Printed Name	Witness Signature	Date
_____	_____	_____

WITNESS 2

Witness Printed Name	Witness Signature	Date
_____	_____	_____

NOTARY ACKNOWLEDGMENT

State of _____

_____ County, ss.

On this ____ day of _____, 20____, before me appeared _____, the Witness(s) who proved to me through government issued photo identification to be the above-named person(s), in my presence executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Printed Name: _____ Signature: _____

(notary seal) My Commission Expires: _____

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WAIVER OF LIABILITY
(HOST FAMILIES)

Name of Student: _____

I, _____, parent or guardian of _____ (my Child), have decided to place my Child with a host family so that he/she may live off campus rather than have him/her live in the Northern Academy dormitory while he/she is attending Northern Academy.

Northern Academy has collected, and made available to me, a list of (i) agencies that match families with potential hosts, and/or (ii) families and individuals who are willing to be potential hosts (such families, whether from our list or sourced from an agency are collectively referred to as "Potential Hosts") who have volunteered to host in their homes Northern Academy students who are not living in the dormitory.

Northern Academy has made clear to me, and I hereby acknowledge, that Northern Academy has not investigated the Potential Hosts or vetted them in any way. I acknowledge that Northern Academy has not made any representations to me about the suitability of any Potential Hosts or their homes for the intended purpose, nor has Northern Academy vouched for any Potential Hosts in any way.

I agree that the decision whether or not to place my Child with a Potential Host is entirely mine and I assume any and all risks that may arise as a consequence of placing my Child in a Potential Host's home. I understand that it is my responsibility to consult with and investigate a Potential Host and the living situation that he/she/they offer my Child.

By signing this waiver, I hereby release Northern Academy, from any and all liability should my Child become injured or ill, or if my Child is in any way mistreated, harmed or damaged as a result of living with a Potential Host. I hereby waive the right to bring any legal action against Northern Academy in the event that my child is injured or becomes ill or suffers any mistreatment, harm or damage as a consequence of living with a Potential Host.

Signed: _____ Date: _____

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this ____ day of _____, 20____, before me appeared _____, the Parent(s) who proved to me through government issued photo identification to be the above-named person(s), in my presence executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

(Notary Seal)

_____
Signature of Notary Public

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