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TEMPORARY PARENTAL AUTHORIZATION FOR CHILD'S SUPERVISION

Child or Children		
Name	Birthdate	
Joshua Zurowalt		Year in School
Shawn Zumwalt	May 10, 80	9thqRAde
	Oct 23, 82	7 thorade
Authorizing Parent		
Name: RON, B. ZUMWA		
	<u> </u>	
Permanent Address: 6 300 . W. OA	Key Las ve	aAS Nev
		· · · · · · · · · · · · · · · · · · ·
Home Phone (702) 431-6295	Work Phone: (740)	Ca 27
Temporary Address (from		57-5700
	<u>, 19 to</u>	<u>, 19):</u>
Phone: ()		
Supervising Adult		
Supervising Adult's Name: Michelle		1
Address: 705 Wocus	K Durgetta Khop	da pray
K. Jalls, Oregon		
Home Phone (503) 883-1315		· · · · · · · · · · · · · · · · · · ·
Relationship to Child: $A \times T^{3}$	Work Phone: (503) 88	4 - 1086

1. I affirm that I am the parent and have legal custody of the child or children named above. I give my full authorization and consent for my child or children to temporarily live with the supervising adult, who is authorized to:

a. act in my place and make decisions pertaining to my child's or children's educational, recreational and religious activities including, but not limited to, enrollment, permission to participate in activities and consent for medical treatment at school.

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b. give consent for medical and dental care for my child or children, including but not limited to medical examinations, X-rays, tests, anesthesia, surgical operations, hospital care or other treatments that in the supervising adult's sole opinion are needed or useful for my child or children. Such medical treatment shall be provided only upon the advice of and supervision by a physician, surgeon or dentist or other medical practitioner licensed to practice in the United States.

2. This authorization shall cover the period from <u>September</u>, 1995 to <u>September</u>, 1995. <u>August</u>, 19 <u>95</u> _____, State of _____ _day of Signed this , State of _____ County of your sign CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC State of Clark County of on Ausust 1, 19 95, before me, Ratteline Tauel ____, a notary public, personally appeared Summalt _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed it. Signature of notary public State of Oregon [NOTARY SEAL] My commission expires: _______ KATHERINE POWELL Notary Public - Nevada **Clark County** My appt. exp. Feb. 16, 1998

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed fo	or record at request of	Ro	n Zumwa	lt			the	23rd	day
of	October	A.D., 19	95 a	2:02	o'clock	<u>Р</u> М.,	and duly recorded in Vol.	M95	,
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