



I, _____, place my child _____ in the kinship care of
(Parent's Name) (Child's Name)

_____ for the 2026-2027 school year. During this period, they will have
(Family Member's Name)

the right to make the following decisions on:

- ☐ Educational Services
- ☐ Medical Care
- ☐ Decision making authority for day-to-day care

(Parent's Signature) (Date)

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: _____.

Date: _____

(Official Signature of Notary)

_____, Notary Public

(Notary's printed name)

My commission expires:

(Official Seal)