Date: _____

Delegation of Parental Authority (DOPA) for _____

(child's name)

I, _____

The parent/legal guardian of

_____

(child's name)

Delegate Temporary Parental Authority

to _____

They may enroll my child in Head Start and schedule and complete health related exams, follow up treatment, obtain records for the child, and complete the paperwork to participate in Head Start.

This DOPA remains in effect until (check one):

- ☐ 1 year from the date below
- ☐ For the duration of my child's enrollment in Head Start

Signature of Parent/Legal Guardian: _____

Date DOPA Signed: _____