

consent to medical treatment, the power to make decisions regarding schooling and school activities or procedures; provide support, care, housing, and nourishment for the child; and to do any and all acts to protect the child and act in the child's best interests.

OR

2. The limited authority to do the following: _____

Successor Attorney-in-Fact. If _____ (agent's name) is unable or unwilling to serve or to continue to serve as such minor child's attorney-in-fact for any reason, then _____ (alternate agent's name), presently residing at _____

_____ (address) is hereby appointed successor attorney-in-fact hereunder.

EFFECTIVE DATE:

THIS POWER OF ATTORNEY IS EFFECTIVE ON _____, 20__ (date)
AND WILL CONTINUE UNTIL _____, 20__ (date).

I/WE DO NOT INTEND, BY THIS POWER OF ATTORNEY, TO RELINQUISH MY/OUR PARENTAL RIGHTS OVER AND TO THE MINOR CHILD.

Signed this ____ day of _____, 20__.

(signature)

(signature)

(printed name)

(printed name)



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