

RHODE ISLAND POWER OF ATTORNEY
ON BEHALF OF MINOR CHILD

I, _____ (*name*), currently residing at _____
_____ (*address*), am the:
____ Parent
____ Court-Appointed Guardian
____ Court-Appointed Conservator
of _____ (*minor child s name*), whose date of birth is
_____ (*minor child s date of birth*) and who currently resides at
_____ (*minor child s address*).

(Complete the additional statement if there is more than one parent/guardian/conservator)

In addition, I, _____ (*name*), currently residing at
_____ (*address*), am the:
____ Parent
____ Court-Appointed Guardian
____ Court-Appointed Conservator
of _____ (*minor child s name*), whose date of birth is
_____ (*minor child s date of birth*) and who currently resides at
_____ (*minor child s address*).

I/We hereby appoint _____ (*agent s name*),
currently residing at _____
(*address*), as the agent (attorney-in-fact) for said minor child to act for said minor child in any
lawful way with respect to the following purpose(s):

1. All authority that may be delegated to such minor child s agent under the laws of the State
of Rhode Island, including but not limited to the power to arrange for and



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)



ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF RHODE ISLAND)
) ss
COUNTY OF _____)

On _____ before me, _____,
 (insert name and title of the officer)
 personally appeared _____, who proved to me on the
 basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within
 instrument and acknowledged to me that he/she/they executed the same in his/her/their
 authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s),
 or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Rhode Island that the
 foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (seal)



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