

SOUTH DAKOTA 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 South Dakota, 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)



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If you want to learn more about Minor Child Power of Attorney, read more in our general

category [Minor Child Power of Attorney Template](#).

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[South Dakota Power of Attorney Forms](#).

