

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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