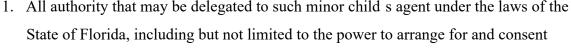
$\frac{\text{FLORIDA POWER OF ATTORNEY}}{\text{ON BEHALF OF MINOR CHILD}}$

1,	(name), currently residing at
	(address), am the:
Parent	
Court-Appointed Guardi	ian
Court-Appointed Conser	rvator
of	(minor child s name), whose date of birth is
(n	ninor child s date of birth) and who currently resides at
	(minor child s address)
Complete the additional staten	nent if there is more than one parent/guardian/conservator)
In addition, I,	(name), currently residing at
	(address), am the:
Parent	
Court-Appointed Guardi	ian
Court-Appointed Conser	rvator
of	(minor child s name), whose date of birth is
(n	ninor child s date of birth) and who currently resides at
	(minor child s address)
//We hereby appoint	(agent s name),
	y-in-fact) for said minor child to act for said minor child in any
awful way with respect to the	•
•	av ha delacated to eval minor shild a accept under the large of





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)

to medical treatment, the power to make decisions regarding schooling and school



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 FLORIDA)	
COUNTY OF)	SS
On	before me,,
	before me,,
personally appeared	, who proved to me on the
instrument and acknowledged to m authorized capacity(ies), and that b	the person(s) whose name(s) is/are subscribed to the within e that he/she/they executed the same in his/her/their y his/her/their signature(s) on the instrument the person(s), or person(s) acted, executed the instrument.
I certify under PENALTY OF PER foregoing paragraph is true and cor	JURY under the laws of the State of Florida that the rect.
WITNESS my hand and official sea	al.
Signature	(seal)



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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.

Click the following link to find out more details about Florida Power of Attorney Forms.

