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

I,	(name), currently residing at	
	(address), am the:	
Parent		
Court-Appointed Guardi	an	
Court-Appointed Conser	rvator	
of	(minor child s name), whose date of birth is	
	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	an	
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).	
I/We hereby appoint	(agent s name),	
	y-in-fact) for said minor child to act for said minor child in any	
lawful way with respect to the f	-	
1. All authority that may be d	lelegated to such minor child s agent under the laws of the State	

of Massachusetts, including but not limited to the power to arrange for and



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)

consent to medical treatment, the power to make decisions regarding schooling



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 MASSACHU	SETTS)	
) ss	
COUNTY OF)	
On	before me,	
		(insert name and title of the officer)
personally appeared		, who proved to me on the
authorized capacity(ies), a	and that by his/her/the	/they executed the same in his/her/their ir signature(s) on the instrument the person(s), acted, executed the instrument.
I certify under PENALTY foregoing paragraph is tru-		the laws of the State of Massachusetts that the
WITNESS my hand and o	official seal.	
Signature		(seal)



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Massachusetts Power of Attorney Forms.

