POWER OF ATTORNEY ON BEHALF OF MINOR CHILD

I,	(name), currently residing at
	(address), am the:
Parent	
Court-Appointed Guardia	n
Court-Appointed Conserv	vator
of	(minor child's name), whose date of birth is
(mi	inor child's date of birth) and who currently resides at
	(minor child's address).
(Complete the additional statem	ent if there is more than one parent/guardian/conservator)
In addition, I,	(name), currently residing at
	(address), am the:
Parent	
Court-Appointed Guardia	n
Court-Appointed Conserv	vator
of	(minor child's name), whose date of birth is
(mi	inor child's date of birth) and who currently resides at
	(minor child's address).
I/We hereby appoint	(agent's name),
currently residing at	
	-in-fact) for said minor child to act for said minor child in any
lawful way with respect to the fo	ollowing purpose(s):
_	y be delegated to such minor child's agent under the laws of th
State of	, including but not limited to the power to arrange



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)

for and consent to medical treatment, the power to make decisions regarding

schooling and school activities or procedures; provide support, care, housing, and



(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)	
COUNTY OF) ss)	
On	before me,	,
		(insert name and title of the officer)
personally appeared		, who proved to me on the
instrument and acknowledged to	o me that he/she at by his/her/the the person(s) ac	•
that the foregoing paragraph is		
WITNESS my hand and officia	l seal.	
Signature		(seal)



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