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

	I, (name), currently r	(name), currently residing at	
		(address), am the:	
	Parent		
	Court-Appointed Guardian		
	Court-Appointed Conservator		
of_	(minor child s no	ame), whose date of birth is	
	(minor child s date of birth) an		
		(minor child s address).	
(Con	omplete 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 no	ame), whose date of birth is	
	(minor child s date of birth) an	d who currently resides at	
		(minor child s address).	
I/We	We hereby appoint	(agent s name),	
curre	rrently residing at		
(add	ddress), as the agent (attorney-in-fact) for said minor child	d to act for said minor child in any	
lawf	wful 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 Nebraska, 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 NEBRASKA)	
) ss	
COUNTY OF)	
On	before me,	
		(insert name and title of the officer)
personally appeared		, who proved to me on the
authorized capacity(ies), and t or the entity upon behalf of wh	hat by his/her/the hich the person(s)	e/they executed the same in his/her/their eir signature(s) on the instrument the person(s), acted, executed the instrument.
foregoing paragraph is true and		r the laws of the State of Nebraska that the
WITNESS my hand and offici	al seal.	
Signature		(seal)



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Nebraska Power of Attorney Forms.

