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

I,	(name), currently residing at
	(address), am the:
Parent	
Court-Appointed Guard	lian
Court-Appointed Conse	ervator
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 state	ment if there is more than one parent/guardian/conservator)
In addition, I,	(name), currently residing at
	(address), am the:
Parent	
Court-Appointed Guard	lian
Court-Appointed Conse	ervator
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),
• 11	
	ey-in-fact) for said minor child to act for said minor child in any
lawful way with respect to the	
1. All authority that may be	delegated to such minor child s agent under the laws of the State

of Washington, 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 WASHINGTON)		
) ss		
COUNTY OF	_)		
On	before me,		,
		(insert name and title of the officer)	
personally appeared		, who proved to me o	
basis of satisfactory evidence to	be the person(s)	whose name(s) is/are subscribed to the wa	ithin
instrument and acknowledged t	o me that he/she/tl	hey executed the same in his/her/their	
authorized capacity(ies), and th	at by his/her/their	signature(s) on the instrument the person	ı(s),
or the entity upon behalf of whi	•		· //
7 1	1 ()	,	
I certify under PENALTY OF I	PERJURY under t	he laws of the State of Washington that the	he
foregoing paragraph is true and		S	
WITNESS my hand and officia	l seal.		
•			
G.		(1)	
Signature		(seal)	



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If you want to learn more about Minor Child Power of Attorney, read more in our general

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Washington Power of Attorney Forms.

