

POWER OF ATTORNEY FOR MINOR

TO ALL WHOM THESE PRESENTS ARE KNOWN:

That I, _____, having an address at _____, being the natural mother/father of _____, [hereafter the "child"] appoint _____ having an address at _____, my true and lawful attorney in-fact for me and in my name, place and stead and in my behalf, and to do and perform all of the following responsibilities and have all the rights in connection therewith:

- 1. Perform and act as and for me in a parental capacity as and to the child;
- 2. Give consent and permission for any kind of medical care and treatment, and to sign any papers to have the child admitted to a hospital for such purpose, or as may be required to maintain the health of the child;
- 3. Give consent and permission for enrollment in and admission to school and to resolve problems arising from school attendance, and to sign any papers necessary for such purpose or sign other documents relating to the child's welfare at school;
- 4. Perform any act necessary to obtain relief or aid that might benefit the child;
- 5. Perform any other acts for support, health, and general care of the child as may be required or necessary.
- 6. I, _____, do hereby give and grant to _____, my said attorney-in-fact, full power and authority to do and perform any and all acts required to protect and promote the welfare of the child, as fully and for all intents and purposes as I might or could do if I were personally present at the time thereof, hereby ratifying and confirming all that my said attorneys may or shall lawfully do or cause to be done by virtue of this Power of Attorney and the rights and powers herein granted. If you decide to include a date of revocation, include paragraph number 7.
- 7. This Power of Attorney appointing _____ as my agent and attorney in fact performing and acting for me in a parental capacity for my child, _____ will be revoked automatically on the _____.
- 8. It is not my intention to relinquish my parental rights in and to my child.

IN WITNESS WHEREOF, I have affixed my signature on this _____ day of _____.

(Parent Name)

Notarization

State of _____

County of _____

On this the _____ day of _____, 20___, before me, the undersigned, a notary public in and for said County and State, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

(Signature of Notary)

Notary Public for the State of _____

Date of Expiration: _____

(Seal)