

Power of Attorney for Minor

Effective Date ____/____/____

I, do hereby [Legal Name], AKA [Name]

A resident of [City][State]

Located at [Address]

 [City], [State] [Zip Code]

Being the natural mother/ father of [Legal Name of Child]

Do Hereby Appoint [Legal Name]

A resident of [City][State]

Located at [Address]

 [City], [State] [Zip Code]

As my true and lawful attorney-in-fact, for me and in my name, place and in my behalf, and to do and perform all of the following responsibilities and to have all the rights in connection with the following:

1. To perform and act as and for me in a parental capacity to the above mentioned child;
2. Give consent and permission for any kind of medical care and treatment, and to sign any papers that are needed to have the above mentioned child admitted to a hospital for such purpose, or as may be required to maintain the health of the above mentioned child.
3. Give consent and permission for enrollment in and admission to school and to resolve any problems that may arise from school attendance, and to sign any papers that are necessary for such purpose or sign other documents relating to the child's welfare at school.
4. Perform any act that is necessary to obtain relief or aid that may benefit the above mentioned child.
5. Perform any other acts for support, health, and general care of the above mentioned child as may be required or necessary.

6. This Power of Attorney appointing [Legal Name] as my agent and attorney in fact performing and acting for me in a parental capacity for my child [Legal Name of Child] will be revoked automatically on the following date: ____/____/____.
7. It is not at all my intention to relinquish my full parental rights to the above mentioned child.

Applicable Law

This contract shall be governed by the laws of the State of _____ in _____ County and any applicable Federal Law.

Date

Signature of Parent

By accepting this appointment and acting under it, I the attorney-in-fact ("Agent") do hereby assume the legal responsibilities of an agent.

Date

Signature of Attorney-in-Fact

WITNESS #1) _____

WITNESS #2) _____