

MINOR CHILD POWER OF ATTORNEY

Date: _____

Principal: _____, of _____, hereby appoint

Agent: _____, of _____, as my attorney-in-fact (hereinafter referred to as "Agent") to act on my behalf and make decisions regarding:

Minor Child: _____, born on _____, during any period of my absence or incapacity.

Powers Granted: (initial all that apply)

_____ - **Healthcare Decisions:** To make medical decisions for my minor child, including but not limited to consenting to medical treatment, surgeries, medications, and accessing medical records.

_____ - **Educational Decisions:** To make decisions concerning my child's education, including enrolling in or withdrawing from school, choosing educational programs, and consenting to educational assessments or services.

_____ - **Financial Decisions:** To manage and make decisions regarding my child's financial affairs, including accessing and managing bank accounts, paying bills, and making financial investments on behalf of the child.

_____ - **Travel Consent:** To consent to my child traveling domestically or internationally, including granting permission for specific trips or activities.

_____ - **Legal Decisions:** To make legal decisions on behalf of my child, such as signing legal documents, entering into contracts, or initiating legal proceedings if necessary.

_____ - **Day-to-Day Care:** To make day-to-day decisions regarding my child's care, welfare, and upbringing, including matters related to housing, nutrition, and recreational activities.

_____ - **Other:** _____.

Duration and Revocation: This Power of Attorney shall remain in effect for _____. I reserve the right to revoke or modify this Power of Attorney at any time, provided that such revocation or modification is communicated to my Agent in writing.

Signature and Date:

Parent/Guardian's Signature: _____ Date: _____



Witnesses:

Witness #1 Signature: _____ Date: _____

Witness #2 Signature: _____ Date: _____

Agent Acceptance:

I, the Agent, accept the responsibilities and duties as the attorney-in-fact for the parent/legal guardian mentioned under this Power of Attorney.

Agent Signature: _____ Date: _____