

**Statutory Form for Power of Attorney to Delegate Parental or Legal Custodian Powers**

I certify that I am the parent or legal custodian of the child listed below:

Full Name of Minor Child: \_\_\_\_\_

Date of Birth of Minor Child listed above: \_\_\_\_\_

I designate the person listed below as the attorney-in-fact of the child listed above.

Full name of Attorney-in-fact:

\_\_\_\_\_  
Street Address, City, State, and Zip Code of Attorney-in-fact: \_\_\_\_\_

\_\_\_\_\_  
Phone Number for Attorney-in-fact: \_\_\_\_\_

\_\_\_\_\_  
**"I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of the minor child named above, including but not limited to the right to enroll the child in school, inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child."**

"This power of attorney is effective for a period not to exceed one year, beginning \_\_\_\_\_, 20\_\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_. I reserve the right to revoke this authority at any time."

By: \_\_\_\_\_  
(Parent/Legal Custodian signature)

"I hereby accept my designation as attorney-in-fact for \_\_\_\_\_ as specified in this power of attorney."  
(Full Name of Minor child)

\_\_\_\_\_  
(Signature of Attorney-in-fact)

**ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

Before me, the undersigned, a Notary Public, in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ (Parent/Legal Custodian) and \_\_\_\_\_ (Attorney-in-fact)  
personally appeared before me to be known to be the identical persons who executed this instrument and acknowledged to me that each executed the same as his or her free and voluntary act and deed for the uses and purposes set forth in the instrument.  
Witness my hand and official seal the day and year above written.

\_\_\_\_\_  
Notary Public Signature                      Commission Number                      Commission Expiration

(SEAL)