

POWER OF ATTORNEY FOR CHILD CARE AND DECISION-MAKING

State of: _____ County of: _____

Grantor (Parent/Legal Guardian) Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Child(ren) Information:

Full Name(s) and Date(s) of Birth: _____

Attorney-in-Fact (Agent) Information:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Grant of General Authority:

I hereby appoint the Attorney-in-Fact named above as my true and lawful agent and attorney-in-fact, to act in my name, place, and stead to make all decisions regarding the care, custody, health, education, and welfare of my child(ren) listed above, including but not limited to medical, dental, educational, and recreational decisions, and to take any and all actions which I could take if personally present.

Special Instructions and Limitations:

The authority granted herein shall be subject to the following limitations and special instructions: (insert any specific limitations or instructions here, or write 'None').

Effective Date and Duration:

This Power of Attorney shall become effective immediately upon execution and shall remain in effect until revoked in writing by me or upon termination by operation of law.

Revocation of Prior Powers of Attorney:

Any prior powers of attorney relating to the care and custody of the child(ren) listed above are hereby revoked.

Governing Law:

This Power of Attorney shall be governed by and construed in accordance with the laws of the State of _____.

Signatures:

GRANTOR'S SIGNATURE

ATTORNEY-IN-FACT'S SIGNATURE

Signature: _____

Signature: _____

Notary Acknowledgment:

State of _____ County of _____ On this _____ day of _____, before me personally appeared _____, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person executed the instrument. WITNESS my hand and official seal. Signature: _____ Notary Public, State of _____ My commission expires: _____

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