POWER OF ATTORNEY FOR MINOR CHILD

State of: _____ County of: _____

Principal (Parent/Legal Guardian) Information:

Full Name: _____

Date of Birth: _____ SSN: _____

Address: _____

Phone Number: _____

Attorney-in-Fact Information:

Full Name: _____

Date of Birth: _____ SSN: _____

Address: _____

Phone Number: _____

Minor Child Information:

Full Name: _____

Date of Birth: _____ Place of Birth: _____

1. APPOINTMENT OF ATTORNEY-IN-FACT

I, the undersigned Parent/Legal Guardian ("Principal"), hereby appoint the above-named individual as my true and lawful attorney-in-fact ("Attorney-in-Fact") to act in my name, place, and stead to perform all acts as set forth herein regarding my minor child named above.

2. GRANT OF GENERAL AUTHORITY

The Attorney-in-Fact shall have full authority to make decisions and act on behalf of the minor child in all matters related to health care, education, travel, and other personal affairs as permitted by applicable state and federal law.

3. DURATION OF POWER OF ATTORNEY

This Power of Attorney shall become effective immediately upon execution and shall remain in effect until revoked in writing by the Principal or until the minor child attains the age of majority as defined by applicable law.

4. SPECIFIC POWERS

Without limiting the generality of the foregoing, the Attorney-in-Fact is authorized to: (a) consent to medical treatment, including surgical procedures, hospitalization, and medication; (b) enroll the minor in educational programs and activities; (c) authorize travel, including obtaining necessary travel documents; (d) attend school meetings and activities; and (e) make decisions necessary for the minor's welfare.

5. LIMITATIONS ON AUTHORITY

The Attorney-in-Fact shall not have authority to: (a) consent to marriage or enlistment in the armed forces for the minor; (b) make a will or testamentary disposition on behalf of the minor; or (c) delegate authority granted herein to others without the Principal's prior written consent.

6. RELIANCE ON THIS DOCUMENT

Any person, including medical providers, educators, law enforcement officers, and governmental agencies, may rely upon a copy of this Power of Attorney as if it were the original document. No person who acts in good faith reliance on this document shall incur any liability to the Principal or minor.

7. INDEMNIFICATION

The Principal hereby agrees to indemnify and hold harmless any person who relies in good faith upon this Power of Attorney.

8. GOVERNING LAW

This Power of Attorney shall be governed by and construed in accordance with the laws of the State of _____, without regard to its conflict of laws principles.

9. SEVERABILITY

If any provision of this Power of Attorney is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

10. ACKNOWLEDGMENT AND SIGNATURES

IN WITNESS WHEREOF, the Principal has executed this Power of Attorney for Minor Child on the date set forth below. This document may be executed in counterparts, each of which shall be deemed an original.

PRINCIPAL SIGNATURE **WITNESS SIGNATURE**

Signature: _____ Signature: _____

STATE OF _____)
COUNTY OF _____)

On this _____ day of _____, before me personally appeared _____, known to me (or satisfactorily p

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public Signature:

_____

My commission expires: _____

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