MARYLAND GUARDIAN FOR MINOR CHILD POWER OF ATTORNEY

Ι,		,	the	mother/fath	er of	my	child
	_ ("my	ch	ild"),	appoint	and	au	thorize
	to	serve	as the	Guardian	of the	person	and
property of my child at any time I am un	available to	o exerc	ise the	authority p	rovided	for here	ein.
Ifappoint			_	serve as m Guardian i	•	s Guard	lian, I

I hereby authorize the Guardian to exercise any and all rights and responsibilities and do any and all acts appropriate for a legal Guardian of a minor child including, but not limited to, the following:

- 1. **Education**. To enroll my child in the appropriate educational institutions, obtain access to my child's academic records, authorize my child's participation in school activities and make any and all other decisions related to my child's education.
- 2. <u>Travel</u>. To make travel arrangements on behalf of my child for destinations both inside and outside of the United States of America by air and/or ground transportation; to accompany my child on any such trips; and to make any and all related arrangements on behalf of my child including, but not limited to, hotel accommodations.
- 3. **Health Care**. To inspect and disclose any information relating to the physical and mental health of my child; to make any and all health care decisions; to sign documents, waivers and releases required by a hospital or physician; to authorize my child's admission to or discharge from any hospital or other medical care facility (including transfer to another facility); to consult with any provider of health care; to consent to the provision, withholding, modification or withdrawal of any health care procedure; and to make any and all other decisions related to my child's health care needs.

The Guardian may exercise any of these powers at any time that I am unavailable to exercise such authority. Any person may deal with the Guardian in full reliance that this Power of Attorney and Designation of Temporary Guardian for Minor Child has not been revoked and that I am then unavailable to exercise the authority provided for herein, if the Guardian submits a written statement to that effect.

STATEMENT OF ADDITIONAL DESIRES, SPECIAL PROVISIONS AND LIMITATIONS

	ability or incapacity.	The authority grante	Guardian for Minor Child shall ed herein shall continue during
I am emotionally a of Temporary Guardian fo	• •		er of Attorney and Designation ose and effect.
as I become incapacitate	d (as such term is dust I am otherwise us witnesses, to (or, if) be app	defined for purpose mavailable to care the appointment he/she is pointed to serve as	the Guardian of my child's
Guardian for Minor Child	shall not be constru	ued as a waiver of r	and Designation of Temporary my parental rights, and I retain Temporary Guardian for Minor
Print Name:		Print Name: _	
Date:		Date:	
Print Name: Date:			



STATE OF MARYLAND: TO WIT

me,	I hereby certify the subscriber,			_				
	ŕ	•			· ·		r of Attorney	
Desi	gnation of Tempo	rary Guardi	an for Minor	· Chi	ld to be his/h	er act and de	eed.	
	As witness my	hand and no	otarial seal.					
					Nota	ary Public		
					My	Commission	n Expires:	

ACCEPTANCE OF DESIGNATION AS GUARDIAN FOR MINOR CHILD

Ι,	, hereby acknowledge that	I have been designated to
serve as the Guardian of the pe	erson and property of	by
his/her mother/father,	, pursuant to	the foregoing Power o
Attorney and Designation of	Temporary Guardian for Minor Chi	ild. I hereby accept said
designation as the Guardian of the	he person and property of	anc
agree to begin serving in such ca	he person and property ofapacity at any time	is available to
exercise the authority provided	for therein. In addition, upon the firs	st to occur of (i) the deatl
of, (ii)	such time asurposes of Maryland guardianship	becomes incapacitated
is ot	therwise unavailable to care for_	and
WITNESS:		
Print Name:	Print Name:	
Date:	Date:	
Print Name:		
Date:		