

**MASSACHUSETTS GUARDIAN OF MINOR
POWER OF ATTORNEY
MA Chapter 190B Article 5 - Section 5-201**

I, _____, whose address is
_____, appoint _____,
whose address is _____, as my attorney
in fact and grant to my attorney in fact all power and authority regarding the care, custody,
property, support, education, medical treatment, discipline, and entertainment of my child
 ward, _____, born on _____, 19_____.

I further grant my attorney in fact authority to make or withhold consent to any action that may
be necessary to provide for the support, education, care, medical treatment, discipline, or
entertainment of my minor child. This does not include the power to consent to the marriage or
adoption of the minor child.

This power of attorney shall last for a period of one year from the date of
execution.

Dated this _____ day of _____, 20_____.

Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____,
20_____ at _____, Massachusetts.

Notary Public in and for Massachusetts

My Commission Expires: _____