

**LOUISIANA DELEGATION OF POWERS BY PARENT OR GUARDIAN**

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 \_\_\_\_\_ in the  
year \_\_\_\_\_. 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\_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

SUBSCRIBED AND SWORN TO before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_  
Pursuant to Louisiana Civil Code  
Chapter 2. Mandate

