

**MARYLAND GUARDIAN FOR MINOR CHILD POWER OF ATTORNEY**

I, \_\_\_\_\_, the mother/father of my child, \_\_\_\_\_ (“my child”), appoint and authorize \_\_\_\_\_ to serve as the Guardian of the person and property of my child at any time I am unavailable to exercise the authority provided for herein.

If \_\_\_\_\_ is not able or willing to serve as my child’s Guardian, I appoint \_\_\_\_\_ to serve as my child’s Guardian instead.

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. **Travel.** 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the Guardian in full reliance that this Power of Attorney and Designation of Temporary Guardian for Minor Child has not been revoked and that I am then unavailable to exercise the authority provided for herein, if the Guardian submits a written statement to that effect.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**

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This Power of Attorney and Designation of Temporary Guardian for Minor Child shall not be affected by my disability or incapacity. The authority granted herein shall continue during any period while I may be disabled, incapacitated or unavailable.

I am emotionally and mentally competent to make this Power of Attorney and Designation of Temporary Guardian for Minor Child, and I understand its purpose and effect.

**It is my intent and desire that, upon the first to occur of (i) my death, (ii) such time as I become incapacitated (as such term is defined for purposes of Maryland guardianship law), or (iii) such time as I am otherwise unavailable to care for my child and consent in writing, before two witnesses, to the appointment of a legal guardian, \_\_\_\_\_ (or, if he/she is unable to serve, \_\_\_\_\_) be appointed to serve as the Guardian of my child's person and property, without bond, by the Court having appropriate jurisdiction.**

Notwithstanding the foregoing, this Power of Attorney and Designation of Temporary Guardian for Minor Child shall not be construed as a waiver of my parental rights, and I retain the right to revoke this Power of Attorney and Designation of Temporary Guardian for Minor Child at any time.

WITNESS:

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

STATE OF MARYLAND: TO WIT

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 2009, before me, the subscriber, a Notary Public of the jurisdiction aforesaid, personally appeared \_\_\_\_\_ and acknowledged the foregoing Power of Attorney and Designation of Temporary Guardian for Minor Child to be his/her act and deed.

As witness my hand and notarial seal.

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**ACCEPTANCE OF DESIGNATION AS GUARDIAN FOR MINOR CHILD**

I, \_\_\_\_\_, hereby acknowledge that I have been designated to serve as the Guardian of the person and property of \_\_\_\_\_ by his/her mother/father, \_\_\_\_\_, pursuant to the foregoing Power of Attorney and Designation of Temporary Guardian for Minor Child. I hereby accept said designation as the Guardian of the person and property of \_\_\_\_\_ and agree to begin serving in such capacity at any time \_\_\_\_\_ is available to exercise the authority provided for therein. **In addition, upon the first to occur of (i) the death of \_\_\_\_\_, (ii) such time as \_\_\_\_\_ becomes incapacitated (as such term is defined for purposes of Maryland guardianship law), or (iii) such time as \_\_\_\_\_ is otherwise unavailable to care for \_\_\_\_\_ and consents in writing, before two witnesses, to the appointment of a legal guardian, I agree to serve as the legal Guardian of the person and property of \_\_\_\_\_.**

WITNESS:

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_