# SOUTH DAKOTA GUARDIAN OF MINOR POWER OF ATTORNEY

I,[NAME OF PARENT OR GUARDIAN], whose address is

[ADDRESS OF PARENT], appoint [NAME OF ATTORNEY-IN-FACT],

whose address is [ADDRESS OF ATTORNEY-IN-FACT], 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,[NAME OF CHILD OR WARD], born on[DATE OF BIRTH OF CHILD OR WARD].

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.

State Law: This Power of Attorney is governed by the laws of the State of South Dakota.

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

execution.

Dated[DATE OF SIGNING].

[**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**](http://www.esign.com/)

Signature

SUBSCRIBED AND SWORN TO before me this [DATE OF SIGNING]

at [PLACE OF SIGNING], South Dakota.

[**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**](http://www.esign.com/)

Notary Public in and for South Dakota

My Commission Expires: [DATE OF EXPIRATION OF COMMISSION]