

VERMONT GUARDIAN OF MINOR POWER OF ATTORNEY

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 _____, Vermont.

Notary Public in and for Vermont

My Commission Expires: _____

Under 14 V.S.A. Chapter 123 § 3509

