**MINOR CHILD POWER OF ATTORNEY**

Date: [EFFECTIVE DATE]

**Principal**: [PRINCIPAL'S NAME], of [PRINCIPAL'S ADDRESS], hereby appoint

**Agent**: [AGENT'S NAME], of [AGENT'S ADDRESS], as my attorney-in-fact (hereinafter referred to as "Agent") to act on my behalf and make decisions regarding:

**Minor Child**: [CHILD'S NAME], born on [CHILD'S DATE OF BIRTH], during any period of my absence or incapacity.

Powers Granted: (initial all that apply)

\_\_\_\_\_\_- **Healthcare Decisions**: To make medical decisions for my minor child, including but not limited to consenting to medical treatment, surgeries, medications, and accessing medical records.

\_\_\_\_\_\_- **Educational Decisions**: To make decisions concerning my child's education, including enrolling in or withdrawing from school, choosing educational programs, and consenting to educational assessments or services.

\_\_\_\_\_\_- **Financial Decisions**: To manage and make decisions regarding my child's financial affairs, including accessing and managing bank accounts, paying bills, and making financial investments on behalf of the child.

\_\_\_\_\_\_- **Travel Consent**: To consent to my child traveling domestically or internationally, including granting permission for specific trips or activities.

\_\_\_\_\_\_- **Legal Decisions**: To make legal decisions on behalf of my child, such as signing legal documents, entering into contracts, or initiating legal proceedings if necessary.

\_\_\_\_\_\_- **Day-to-Day Care**: To make day-to-day decisions regarding my child's care, welfare, and upbringing, including matters related to housing, nutrition, and recreational activities.

\_\_\_\_\_\_- **Other**: [DESCRIBE].

**Duration and Revocation**: This Power of Attorney shall remain in effect for [DURATION]. I reserve the right to revoke or modify this Power of Attorney at any time, provided that such revocation or modification is communicated to my Agent in writing.

**Signature and Date**:

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witnesses**:

Witness #1 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness #2 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Agent Acceptance**:

I, the Agent, accept the responsibilities and duties as the attorney-in-fact for the parent/legal guardian mentioned under this Power of Attorney.

Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_