

SOUTH DAKOTA 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.

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 this _____ day of _____, 20_____.

Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____ at _____, South Dakota.

Notary Public in and for South Dakota

My Commission Expires: _____

