

**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

