

Power of Attorney for Minor (Child)

KNOW ALL PERSONS that I/We, _____, of
_____,
appoint _____, of _____,
_____,
to be my/our lawful attorney-in-fact regarding my minor _____
_____, born on _____, 20_____.

I/We hereby grant the Attorney-in-fact, all of my/our powers regarding the care and custody of the above named _____, except my/our power to consent to marriage or adoption of my, minor, _____.

The rights, power and authority herein granted shall remain in full force from,
_____, 20_____, until one of the following events occurs:
_____ the termination date of _____, 20_____
_____ 6 months from the signing of this document

Regardless of the above-mentioned termination, this Minor Power of Attorney may be terminated by a Parent/Court-Appointed Guardian executing a revocation or by creating a new Minor Power of Attorney.

I/We hereby release from liability any individual, business, or health care provider providing medical care in reliance on this document from liability relating to acceptance of this form and the Attorney-in-Fact's consent.

Parent/Guardian Signature _____

Print Name _____ Date _____

Parent/Guardian Signature _____

Print Name _____ Date _____

ACKNOWLEDGEMENT BY ATTORNEY-IN-FACT

I/We, the undersigned Attorney-in-Fact, acknowledge and execute this Minor Power of Attorney form and hereby affirm that I accept the appointment and understand the accompanying responsibilities under the Power of Attorney and under the law.

Attorney-in-Fact Signature _____

Print Name _____ Date _____

Attorney-in-Fact Signature _____

Print Name _____ Date _____

NOTARY ACKNOWLEDGEMENT

IN WITNESS WHEREOF I have hereunto set my signature this _____ day of _____,
20____.

STATE OF _____, COUNTY OF _____, ss:

Notary Public

Print Name

My Commission Expires: _____