

**POWER OF ATTORNEY FOR CARE OF MINOR CHILD**

I, \_\_\_\_\_, the parent of \_\_\_\_\_

do hereby designate \_\_\_\_\_ as my Attorney-in-Fact to act as the custodian for my minor child.

I give \_\_\_\_\_ the authority to enroll my child in school, attend parent/teacher conferences and receive information concerning my child's progress in school and any disciplinary matters. I further direct \_\_\_\_\_ to sign on my behalf any consents to the School necessary for my child to participate in educational and extracurricular activities.

I also authorize and direct \_\_\_\_\_ to make health care decisions for my child on my behalf. This would include but not be limited to consent to a medical procedure and the ability to obtain from hospitals and medical care providers information concerning the health and treatment of my child.

I hereby declare that all acts done by my Attorney-in-Fact shall be binding upon me. This Power of Attorney shall continue until specifically revoked by me in writing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent

\_\_\_\_\_  
Parent

STATE OF \_\_\_\_\_)  
COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, before me, a Notary Public, within and for said County and State, personally appeared \_\_\_\_\_ and \_\_\_\_\_, the parent(s) of \_\_\_\_\_, known to me to be the person(s) who is/are described in and who executed the within and foregoing instrument and they acknowledged to me that they executed the same for the purposes therein contained.

\_\_\_\_\_  
NOTARY PUBLIC  
Commission Exp.: \_\_\_\_\_

(SEAL)