

# MINOR CHILD POWER OF ATTORNEY

Date: \_\_\_\_\_

I \_\_\_\_\_, and \_\_\_\_\_ of  
(Mother, Father, Parent. Full Name) (Mother, Father, Parent. Full Name)

\_\_\_\_\_, hereby appoint  
(Full name, street, city, state zip )

**Agent** \_\_\_\_\_, and \_\_\_\_\_ of  
(Agents Full name) (Agents Full Name)

\_\_\_\_\_ as my attorney-in-fact  
( street, city, state zip ) (hereinafter referred to as "Agent")

to act on my behalf and make decisions regarding minor(s):

List the full names of each child	List each child(s) birth date

during any period of my absence or incapacity.

## Powers Granted: (Initial all that apply)

\_\_\_\_\_ - **Healthcare Decision:** 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 my 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 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.

**Duration and revocation:** This Power of Attorney shall remain in effect from \_\_\_\_\_, to \_\_\_\_\_. 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.

I \_\_\_\_\_ willingly accept to be the **Agent** for the children listed above.

**This temporary delegation of authority shall immediately become effective and remain in force upon the occurrence of any of the following events, should I/we**

\_\_\_\_\_,  
Full name of Mother/Father

\_\_\_\_\_,  
Full name of Mother/Father

**be unable to care for the minor child(ren) listed above due to:**

\_\_\_\_\_ **Absence:** During any pre-planned or unforeseen period of my physical absence from the minor child(ren).

\_\_\_\_\_ **Incapacity:** Should I suffer from any physical or mental illness, injury, or other condition that renders me temporarily or permanently incapacitated or unable to make decisions concerning the care, custody, or property of the minor child(ren).

\_\_\_\_\_ **Detention by Immigration:** If I am detained, taken into custody, or held by any federal, state, or local immigration authority, or any other law enforcement agency.

**Signature and Date:**

Parents/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Mother, Father, Parent. Full Name)

Parents/Guardian's Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Mother, Father, Parent. Full Name)

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

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

**Notarization:**

\_\_\_\_\_ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

\_\_\_\_\_  
*Name(s) of Principal(s)*

Date: \_\_\_\_\_

(Official Seal)

\_\_\_\_\_  
*Official Signature of Notary*

\_\_\_\_\_, Notary Public  
*Notary's Printed or Typed Name*

My Commission Expires: \_\_\_\_\_