

CALIFORNIA MINOR (CHILD) POWER OF ATTORNEY FORM

1. For the Minor named _____ born on _____ (hereinafter known as the "Minor"), I, _____ the Parent or Court Appointed Guardian with a street address of _____,

If a co-guardian/parent exists:

And I, _____ the Parent or Court Appointed Guardian with a street address of _____.

2. Hereby appoint _____ as the Attorney-in-Fact for the Minor (hereinafter referred to as the "Attorney-in-Fact"), who is their _____ (relation to child) with a street address of _____ and who was born _____ (date of birth). The Attorney-in-Fact's California driver's license or identification card number is _____.

3. Check one or both:

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

4. I/We delegate to the Attorney-in-Fact the following powers:

(Initial and Check just ONE)

A. _____ - All authority that I have as the minor's parent/guardian legal under the State of California.

B. _____ - Only the authority to _____
_____.

5. To the maximum extent permissible under applicable law, the short-term guardian(s) will have the same authority as I/we would have with respect to the custody and care of the minor child(ren), except as I/we have specified below, including the right to perform the following acts and make the following decisions, unless I/we have crossed out and initialed the particular power or otherwise specifically excluded it in writing in this document or

allowing such a power would invalidate this document, in which case only the offending provisions shall be deemed stricken and ineffective:

To make all emergency and non-emergency healthcare decisions and execute all related documents including insurance and waiver claims and forms, including the right to approve or decline medical, dental, eye care, or psychiatric treatment, diagnostic tests, hospitalization, health care, and personal care, in any situation in which, as the result of illness, disease, absence, injury, or death I/we are incapable of making or communicating a decision with regard to my/our child(ren)'s medical or dental care, provided that such decisions are made following consultation with one or more licensed physicians or other licensed medical practitioners. I/we further delegate the power to our short-term guardian(s) to select, employ, and discharge health care personnel, including dentists and eye care professionals, for our child(ren)'s benefit and to contract in my/our name and on my/our behalf for all health care services, including emergency and non-emergency medical, dental, vision, and psychiatric care services and related goods. The short-term guardian(s) should refer to any Additional Information we have attached to this document or left with the guardian(s).

To make all decisions, execute all documents, and grant permission regarding the child(ren)'s education, including but not limited to school enrollment, school and extracurricular activities, school trips, and school conferences.

To generally do and perform all matters and to execute all documents with respect to the custody and care of the child(ren) named herein.

To travel with the child(ren) without limitations unless stated below: within a -mile radius within the city county/parish state lines of only; or other _____ (e.g., to/from specific places only).

6. This power of attorney document shall commence on _____ and end on _____.

(Initial and Check all that apply)

- A. _____ - _____ (termination date).
- B. _____ - In the event of my disability (incapacitation).
- C. _____ - In the event of my death.

This document can be terminated at any time by completing a revocation or by creating a new minor power of attorney form.

7. This power of attorney shall be governed under the laws in the State of California and terminates any prior written form.

Parent/Court Appointed Guardian Signature: _____

Print Name: _____

Date: _____

Parent/Court Appointed Guardian Signature: _____

Print Name: _____

Date: _____

ACCEPTANCE BY ATTORNEY-IN-FACT

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment; (B) understand the duties under the Power of Attorney and under the law.

Attorney-in-Fact's Signature: _____

Print Name: _____

Date: _____

AFFIRMATION BY WITNESS(ES)

I witnessed the execution of this Power of Attorney by the Parent/Court Appointed Guardian(s), and I affirm that the Parent/Court Appointed Guardian(s) appeared to me to be of sound mind, was not under duress, and the Parent/Court Appointed Guardian(s) affirmed to me that he/she was aware of the nature of this Power of Attorney and signed it freely and voluntarily.

Witness 1 Signature: _____

Print Name: _____

Date: _____

Address: _____

Witness 2 Signature: _____

Print Name: _____

Date: _____

Address: _____

NOTARY ACKNOWLEDGMENT
[completed by Notary only]

In the state of _____, _____ County, U.S.

On _____, before me appeared _____ (Parent/Guardian Name), as the Parent(s)/Court Appointed Guardian(s) who proved to me through government issued photo identification to be the above-named person(s), who in my presence executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Notary Public

Print Name: _____

My Commission Expires: _____

_____ (Notary Seal)