

POWER OF ATTORNEY

I, _____,

of _____,
(Address)

designate and empower _____,

of _____,
(Address)

to act in my place and stead as Attorney in fact, to perform every act and deed necessary for the safety, health, and other benefit of my minor child,

(Name of minor)

of _____,
(Address)

which could be performed by me as parent or legal guardian of said child, including but not limited to, authorizing in my behalf the payment of fees for and the performance of medical services; providing control, direction, and guidance; and representing my child in his/her interactions with all other persons, organizations, or governmental entities.

This Power of Attorney is effective on _____ and shall expire on _____.
(Date) (Date)

(Signature of Parent/Legal Guardian)

Acknowledgment of Notary Public: _____

My commission expires _____
(Date)