

# Child Care Power of Attorney

I, (Parent/Legal Guardian Name), residing at (Address), hereby appoint:

Attorney-in-Fact Name:

Relationship to Child(ren):

Attorney-in-Fact Address:

## Child(ren) Information

Child 1 Name and Date of Birth:

Child 2 Name and Date of Birth:

Additional Children (if any):

## Powers Granted

I grant the Attorney-in-Fact the authority to make decisions and take actions concerning the care, custody, and property of the child(ren) named above, including but not limited to:

- Enrollment in school and participation in educational activities
- Authorization for medical and dental care and treatment
- Travel within and outside the state as required
- Other care and custody decisions as necessary

## Effective Dates

This power of attorney is effective from (Start Date) to (End Date), unless I revoke it sooner in writing.

## Additional Instructions or Limitations

Parent/Guardian Signature:

Date:

Attorney-in-Fact Signature:

Date:

Notary Public (if required):