

Child Care Power of Attorney

I,

, the parent/legal guardian of

, born on

, residing at

, appoint

, residing at

, as my true and lawful Attorney-in-Fact.

Granted Powers

This power of attorney enables my Attorney-in-Fact to make decisions and take actions regarding the care, custody, and property of my child listed above, including but not limited to:

- Medical and dental care
- Enrollment in school or daycare
- Travel and transportation
- General welfare and support

Effective Start Date:

Effective End Date:

Additional Instructions:

I understand that this power of attorney may be revoked by me at any time in writing.

_____ Parent/Guardian Signature
_____ Date
_____ Attorney-in-Fact Signature
_____ Date