

DELEGATION OF POWERS BY PARENT OR GUARDIAN
Power of Attorney
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KNOW ALL PERSONS BY THESE PRESENT THAT:

I, _____, of the County of _____, State of
Name of Parent of Guardian

_____, do by these presents hereby make, constitute and appoint:

_____, it to be my true and lawful Attorney in Fact for the exercise
of Parental authority over my child, _____, for a period of 6 (six) months
following the date of my signature, pursuant to MINN.STAT 524.5-505.

This power of Attorney hereby constitutes my delegation to: _____
of my parental powers and authority regarding the care , custody and property of:
_____, my minor child, born _____, including, but not
limited to the authority to:

1. authorize medical treatment for my child;
2. enroll my student in school; and
3. provide a home, care, and supervision of my child at the home of _____

This Power of Attorney does not authorize _____ to consent to the
Marriage, adoption, or enlistment in the armed forces of my child, placement in a foster
or group home, or residential treatment center.

IN TESTIMONY WHEREOF, I have hereunto set my hand this _____
Date

Signature of Parent or Guardian

Subscribed and sworn to before me this
_____ day of _____

Notary Public

I hereby accept the forgoing Delegation of Parent Authority over _____ .

Dated: _____

Signature – Attorney in Fact