

MINNESOTA MINOR CHILD POWER OF ATTORNEY

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make decisions concerning your child(ren) for you (the principal). Your agent will be able to make decisions and act with respect to your child(ren).

This form provides for designation of one agent. If you wish to name more than one agent you may name a co-agent in the Special Instructions. Co-agents are not required to act together unless you include that requirement in the Special Instructions.

If your agent is unable or unwilling to act for you, your power of attorney will end unless you have named a successor agent. You may also name a second successor agent.

If you have questions about the power of attorney or the authority you are granting to your agent, you should seek legal advice before signing this form.

DESIGNATION OF AGENT

I, _____ [Principal name], am the ☐ parent ☐ guardian of

_____ [Minor child(ren) name(s)]. I reside at
_____ [Address]. I appoint _____,
(☐ who is the _____ [Relationship to the minor child] of my child), of
_____ [Address], as my agent (attorney-in-fact) for the minor
child(ren) listed below:

- _____ [Minor child name], _____, 20____ [Date of Birth]
- ☐ _____ [Minor child name], _____, 20____ [Date of Birth]
- ☐ _____ [Minor child name], _____, 20____ [Date of Birth]

(☐ If my agent is unable or unwilling to act for me, I name _____ of
_____ [Address] as my successor agent.)

GRANT OF AUTHORITY



I grant my agent and any successor agent the power and authority to act and make decisions concerning the aforementioned minor child(ren), with respect to the following subjects: (Check all that apply)

- ☐ Enroll my child(ren) in school and consent to participate in other school or extracurricular activities.
- ☐ Have access to my child(ren)'s educational records.
- ☐ Make any decisions regarding my child(ren)'s education.
- ☐ Have access to and view my child(ren)'s medical records.
- ☐ Secure medical treatment and make any medical, dental, or mental health care decisions for my child(ren).
- ☐ Provide for my child(ren)'s daily care including food, lodging, shelter, recreation, and transportation.
- ☐ Travel with my child(ren) domestically.
- ☐ Travel with my child(ren) internationally (☐ to _____[Name of country] from _____[Beginning date of travel] to _____[End date of travel]).
- ☐ Execute any documents necessary or proper for the needs of my child(ren).
- ☐ Other: _____

LIMITATION ON AGENT'S AUTHORITY

The following are excluded from the power and authority granted to my agent:

- Consent to the marriage or adoption of my child(ren).
- Manage, transfer or sell the real estate or personal property owned by my child(ren)
- ☐ Other: _____

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:



EFFECTIVE DATE

This power of attorney is effective: ☐ immediately ☐ on _____, 20____.

TERMINATION

This power of attorney shall terminate: (Check one)

☐ 6 months from the effective date. 6 months from the effective date.

☐ A certain months from the effective date. ____ months from the effective date.

☐ On a specific date. On _____, 20____.

(Check one)

☐ DURABLE Power of Attorney. This power of attorney shall not be affected by my subsequent disability or incapacity, or lapse of time.

☐ REGULAR Power of Attorney. This power of attorney shall terminate if I become disabled or incapacitated.

In addition, this power of attorney shall terminate anytime by a Revocation of Power of Attorney that I execute.

RELIANCE ON THIS POWER OF ATTORNEY

Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Signature of Principal

Date



Name Printed

Address

Telephone Number

Email Address



WITNESS SIGNATURES

I hereby acknowledge that the foregoing Power of Attorney was signed by _____
[Principal name] in my presence.

FIRST WITNESS:

First Witness' Signature

Date

First Witness' Name

First Witness' Address

City

State

Zip Code

SECOND WITNESS:

Second Witness' Signature

Date

Second Witness' Name

Second Witness' Address

City

State

Zip Code



NOTARY ACKNOWLEDGEMENT

State/Commonwealth of _____
County of _____

On this _____ day of _____, 20____, before me, _____, personally appeared _____ [Principal name], personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same and that by his/her signature on this instrument the person executed this instrument.

Signature of Notary

(Seal, if any)

My commission expires: _____

