**MISSOURI MINOR (CHILD) POWER OF ATTORNEY FORM**

1. For the Minor named [MINOR CHILD NAME] born on [MM/DD/YYYY] (hereinafter known as the “Minor”),

I, [PARENT / GUARDIAN NAME], the [ ]  Parent or [ ]  Court Appointed Guardian with

a street address of [STREET ADDRESS],

*If a co-guardian/parent exists:*

And I, [CO-PARENT / GUARDIAN NAME], the [ ]  Parent or [ ]  Court Appointed Guardian with a street address of [STREET ADDRESS],

1. Hereby appoint [ATTORNEY-IN-FACT NAME] as the Attorney-in-Fact for

the Minor who is their [RELATION TO CHILD] (relation) with a street address of

[STREET ADDRESS], (hereinafter referred to as the “Attorney-in-Fact”).

1. I/We delegate to the Attorney-in-Fact the following powers:

*(Initial and Check just ONE)*

* 1. [INITIAL] [ ]  - I delegate to the attorney-in-fact all of my power and authority regarding the care, custody, and property of each minor child named above including, but not limited to, the right to enroll the child in school, inspect and obtain copies of education and other records concerning the child, the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function, or treatment that may concern the child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.
	2. [INITIAL] [ ]  - I delegate to the attorney-in-fact the following specific powers and responsibilities: [DESCRIBE AUTHORITY HERE].

This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

1. This power of attorney document shall commence on [MM/DD/YYYY] and end on:

*(Initial and Check all that apply)*

1. [INITIAL] [ ]  - [MM/DD/YYYY].
2. [INITIAL] [ ]  - In the event of my disability (incapacitation).
3. [INITIAL] [ ]  - In the event of my death.

This document can be terminated at any time by completing a revocation or by creating a new minor power of attorney form.

1. This power of attorney shall be governed under the laws in the State of Missouri and terminates any prior written form.

**Parent/Court Appointed Guardian Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name: [PARENT / GUARDIAN NAME] Date: [MM/DD/YYYY]

**Parent/Court Appointed Guardian Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name: [CO-PARENT / GUARDIAN NAME] Date: [MM/DD/YYYY]

**ACCEPTANCE BY ATTORNEY-IN-FACT**

The undersigned Attorney-in-Fact acknowledges and executes this Power of Attorney, and by such execution does hereby affirm that I: (A) accept the appointment; (B) understand the duties under the Power of Attorney and under the law.

**Attorney-in-Fact’s Signature:** [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name: [ATTORNEY-IN-FACT NAME] Date: [MM/DD/YYYY]

Address: [ATTORNEY-IN-FACT ADDRESS] Telephone Number: (222) 333-4444.

**NOTARY ACKNOWLEDGMENT**

State of [NOTARY ONLY: STATE]

[NOTARY ONLY: COUNTY] County, ss.

On [NOTARY ONLY: MM/DD/YYYY], before me appeared

[NOTARY ONLY: PARENT/GUARDIAN NAME] (Parent/Guardian Name), as the Parent(s)/Court Appointed Guardian(s) who proved to me through government issued photo identification to be the above-named person(s), who in my presence executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

Print Name: [NOTARY ONLY: PRINTED NAME]

My Commission Expires: [MM/DD/YYYY]

(Notary Seal)