

MISSOURI MINOR (CHILD) POWER OF ATTORNEY FORM

1. For the Minor named _____, born on _____ (mm/dd/yyyy) (hereinafter known as the "Minor"), I, _____, the Parent or Court Appointed Guardian with a street address of _____,

If a co-guardian/parent exists:

And I, _____, the Parent or Court Appointed Guardian with a street address of _____,

2. Hereby appoint _____ as the Attorney-in-Fact for the Minor who is their _____ (relation) with a street address of _____, (hereinafter referred to as the "Attorney-in-Fact").
3. I/We delegate to the Attorney-in-Fact the following powers:
(Initial and Check just ONE)

- A. ___ - 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.
- B. ___ - I delegate to the attorney-in-fact the following specific powers and responsibilities: (insert list):

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.

4. This power of attorney document shall commence on _____ (mm/dd/yyyy) and end on:

(Initial and Check all that apply)

- A. ____ - _____ (mm/dd/yyyy).
- B. ____ - In the event of my disability (incapacitation).
- C. ____ - 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.

5. 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: _____

Print Name: _____ Date: _____

Parent/Court Appointed Guardian Signature: _____

Print Name: _____ Date: _____

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: _____

Print Name: _____ Date: _____

Address: _____ Telephone Number: _____

NOTARY ACKNOWLEDGMENT

State of _____

_____ County, ss.

On _____ (mm/dd/yyyy), before me appeared

_____ (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 Seal)

My Commission Expires: _____