

POWER OF ATTORNEY

This power of attorney over the herein named minors is made pursuant to N.J.S.A. 3B:12-39 between:

PARENT/GUARDIAN(S):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Whose address and telephone number are: _____

Who state there is no court order or other legal prohibitions now in effect that would prevent him/her/them from exercising this authority,

AND ALTERNATIVE CAREGIVER: _____,
(Name)

Whose address and telephone number are: _____

Who is hereby designated as the alternative caregiver/ power of attorney/attorney, in fact.

If only one parent is signing, please indicate the reason:

- ___ Death of other parent
- ___ Custody of other parent removed by court order
- ___ Parent lacks mental or physical capacity to consent
- ___ Other, please explain: _____.

For the following child(ren)/minor(s):

- a. _____ date of birth: _____
- b. _____ date of birth: _____
- c. _____ date of birth: _____

d. _____ date of birth: _____

For the following duration (choose one):

___ For a period of 6 months or until revocation by either parent, whichever is sooner, from the last date of signature below.

___ For a specific period, not to exceed 6 months, from: _____ to: _____ or until revocation, whichever is sooner.

I/We hereby appoint the named attorney in fact to provide for the physical and emotional well-being of the named child(ren)/Minor(s) and delegate to said attorney in fact the following powers over the custody, care and property of the child(ren)/minor(s)/incapacitated person(s) (check all that apply):

___ **Education.** The attorney in fact shall have temporary authority over all educational decisions for the child including those related to special education, enrolling or disenrolling the child(ren)/minor(s) in school, accessing the child(ren)'s education records, and enrolling them in extracurricular activities.

___ **Health.** The attorney in fact shall have temporary authority to make all medical, dental and mental health decisions for the child(ren)/minor(s) as a parent would have, including authorizing any waivers or provisions for care, consulting with health care providers, and accessing any necessary and related medical records.

___ **Caregiving.** The attorney in fact shall have temporary authority over all caregiving decisions regarding the named children/minors/incapacitated persons for the duration of the delegation of authority.

___ **Financial/Legal.** The attorney in fact shall have temporary authority over all financial and legal decisions concerning the child(ren)/minor(s)/incapacitated person(s).

___ **Travel.** The attorney in fact shall have authority to make all travel decisions and arrangements regarding the child for destinations

___ **Other specific authority:** _____

Pursuant to N.J.S.A. 3B:12-39 these enumerated powers do not include the authority to consent to the marriage or adoption of any herein named child/minor/incapacitated person.

Either parent or guardian reserves the right to revoke or modify this power of attorney at any time.

This document is temporary and, upon expiration, must be specifically renewed.

Signature of Parent/Guardian #1

Date of Signature

Signature of Parent/Guardian #2

Date of Signature

Witness Signature #1

Date of Signature

Witness Signature #2

Date of Signature

STATE OF NEW JERSEY :

ss.:

COUNTY OF _____ :

BE IT REMEMBERED, that on _____, 20__, before me, the subscriber, a Notary Public of the State of New Jersey, personally appeared _____, who, I am satisfied, is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

Notary Public

STATE OF NEW JERSEY :

ss.:

COUNTY OF _____ :

BE IT REMEMBERED, that on _____, 20__, before me, the subscriber, a Notary Public of the State of New Jersey, personally appeared _____, who, I am satisfied, is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

Notary Public