

## Parental Power of Attorney

### *Instructions for Power of Attorney Delegating Parental Powers for Minor Child*

Please review the following important information before completing and signing this document. Consult with an attorney if you have questions or concerns.

Talk to the person you want to designate in order to determine if that person is willing to care for your child if you are unable or unavailable. This should be a person you know and trust to provide proper care for your child. Give the original signed document to the designated person once it is completed, and keep a copy of the document for your own records.

The *Power of Attorney Delegating Parental Powers for Minor Child* can be used to designate someone other than a parent who will care for your child(ren) in the event that you are unavailable or unable.

You do not give up your parental rights by signing this document, and this document does not go into effect until signed. Once you sign this document, the person who you have designated to care for your child(ren) will have the authority to take any actions that may be necessary in order to care for the child(ren), including authority over health care, schooling, and benefits for the child(ren). This document does not need to be filed with a court in order to be effective. This *Power of Attorney Delegating Parental Powers for Minor Child* becomes effective once the listed triggering event, such as your extreme illness, incapacity due to illness, or death occurs. This document must be notarized by a notary public, and is only valid for twelve (12) months after the signature date. If you need the *Power of Attorney Delegating Parental Powers for Minor Child* for longer than twelve months, you will need to sign a new *Power of Attorney Delegating Parental Powers for Minor Child*.

You may revoke this *Power of Attorney Delegating Parental Powers for Minor Child* at any time. In order to revoke this document, you should write "I now revoke the *Power of Attorney Delegating Parental Powers for Minor Child* that I granted to [name of the designated person] that I signed on [date you signed the *Power of Attorney Delegating Parental Powers for Minor Child*]. This is effective immediately." Sign this statement, date the statement, and deliver a copy to the designated person ("attorney in fact"). The *Power of Attorney Delegating Parental Powers for Minor Child* is not revoked until you properly notify the designated person that it is revoked.

This document does not create a guardianship. Guardianships are created through a court, and petition to do so must be filed with a court.

Both parents with legal rights to their child(ren) should sign a *Power of Attorney Delegating Parental Powers for Minor Child*. You, as a parent, are still responsible for ensuring the proper care and support of your child(ren). If the designated person fails to provide proper care for your child(ren), you may still be held responsible for that failure.

There may be additional requirement or documents that must be completed in order to allow the designated person to take certain actions for the child(ren). In order to enroll a child in school, the designated person will need to complete Form 2, provided by the Indiana Department of Education.

This form is made under Indiana law and is intended for parents and children who reside in Indiana. Be sure you understand this form before signing it. This document is not intended to be legal advice and does not create an attorney-client relationship.

Use these instructions to complete this document:

1. When writing anyone's name, use the person's full legal name as it appears on a birth certificate or government issued identification document.
2. Write your name above "name of parent".
3. Write the name of the person who you want to care for your child(ren) above "Name of Attorney in Fact". The "attorney in fact" is the person who you are designating that will care for your child(ren).
4. Write the name and date of birth for each of your children who are under the age of eighteen (18) in the blank lines provided for the children.
5. Sign the document above "Parent's Signature" and write the day's date in the presence of a notary. Do not sign this document until you are in front of a notary public.

***Power of Attorney Delegating Parental Powers for Minor Child***

OF: \_\_\_\_\_  
Name of Parent

TO: \_\_\_\_\_  
Name of Designated Person/Attorney in Fact

I, as principal and as the parent of the minor child(ren) named below, do hereby designate the person named above to be my attorney in fact and I delegate to such attorney in fact any and all parental powers regarding health care, support, or property of the minor child(ren) listed below. IC 29-3-9-1(c) provides that a parent may delegate any powers regarding health care, support, custody, or property of the minor to another person. They may do this for any period during which the care and custody of the minor is entrusted to an institution giving care, custody, education, or training, or generally, for twelve months or less.

\_\_\_\_\_  
Name of Child Birth Date of Child

\_\_\_\_\_  
Name of Child Birth Date of Child

\_\_\_\_\_  
Name of Child Birth Date of Child

\_\_\_\_\_  
Name of Child Birth Date of Child

\_\_\_\_\_  
Name of Child Birth Date of Child

\_\_\_\_\_  
Name of Child Birth Date of Child

Contact information for the Designated Person/Attorney In Fact: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This *Power of Attorney Delegating Parental Powers for Minor Child* allows the Designated Person/Attorney in Fact to do all things necessary for the child(ren)'s care. This includes, but is not limited to, the following powers:

1. All medical, dental, and other health related matters. This includes consenting to medical treatment and ability to receive records. The Designated Person/Attorney in Fact shall have

all authority described in I.C. 30-5-5-16, and is hereby appointed as the health care representative for the child(ren).

2. All education and school related matters, including but not limited to enrolling the child(ren) in school and related programs, receiving records and information, attending school functions and meetings, and authorization to sign waivers, consents, and other forms.
3. All matters related to Medicaid, Hoosier Healthwise, or any other health insurance, SNAP Benefits, Social Security and Supplemental Security Income benefits, and all other benefits for the child(ren). The Designated Person/Attorney in Fact is hereby appointed to receive all benefits on behalf of the child(ren).
4. The Designated Person/Attorney in Fact has the ability to travel with the child(ren).
5. Any and all other actions necessary for the care and benefit of the child(ren).

This *Power of Attorney Delegating Parental Powers for Minor Child* becomes effective upon the following triggering event: \_\_\_\_\_

This *Power of Attorney Delegating Parental Powers for Minor Child* is effective for twelve (12) months after the date of signing.

I am not waiving or surrendering my parental rights or authority that I have regarding the child(ren) by executing this *Power of Attorney Delegating Parental Powers for Minor Child*. I reserve unto myself the power to act on my own behalf regarding the child(ren). I may revoke this *Power of Attorney Delegating Parental Powers for Minor Child* at any time by signing a document that revokes or amends this document. The Designated Person/Attorney in Fact does not have the authority to consent to adoption or marriage of the child(ren). The Designated Person/Attorney in Fact shall communicate with me regarding the child(ren) and shall ensure that the child(ren) communicate with me. The Designated Person/Attorney in Fact shall provide me with the location, address, and other contact information of the child(ren) and the Designated Person/Attorney in Fact at all times.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Date Sworn to me and subscribed in my presence or via proper remote procedures, a Notary Public in and for the State of Indiana, County of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public