POWER OF ATTORNEY FOR TEMPORARY CARE OF A MINOR CHILD

Parent or legal guardian: _____, address _____, phone _____.

Second parent or legal guardian (if signing): _____, address _____, phone _____.

Caregiver: _____, relationship to the child _____, address _____, phone _____ (the "Caregiver").

Child or children: _____, born _____; _____, born _____; _____, born _____ (each, the "Child").

1. NATURE OF THIS DOCUMENT

By this document the Parent delegates parental authority over the Child to the Caregiver for a limited time, without going to court. It is often called a temporary guardianship form, but it is not a court order. It does not make the Caregiver the Child's legal guardian or custodian and does not transfer custody. A court-appointed temporary guardianship is a separate process that begins with a petition to a court.

The Parent keeps every parental right, may make any decision for the Child at any time, and may override the Caregiver. This document does not change any court order about the Child's custody, parenting time or support.

2. REASON

The Parent signs this document because: _____.

3. THE OTHER PARENT

(Check one if only one parent signs.) [ ] The other parent, _____, consents and signs below. [ ] The other parent, _____, will receive a copy. [ ] The Parent has sole legal custody under a court order. [ ] The other parent has died, is unknown, or has no parental rights.

Court orders: [ ] To the Parent's knowledge, no court order prohibits this delegation and no custody case is pending. [ ] A court order or case exists: _____. This document does not change it.

4. AUTHORITY GIVEN TO THE CAREGIVER

The Caregiver may act for the Child in the areas checked: [ ] day-to-day care; [ ] school and child care enrollment and records; [ ] medical, dental and mental health care and records; [ ] sports, camps and activities; [ ] travel within the United States; [ ] travel outside the United States; [ ] benefits, insurance and identification documents.

This general template is provided for informational purposes only and does not constitute legal advice. Requirements vary by state and locality; review current law and attach any disclosures or addenda your situation requires before signing. For a guided state-specific document, visit lawvault.org.

The Parent authorizes the Child's health care providers to share the Child's health information with the Caregiver under the federal HIPAA privacy rules (45 C.F.R. 164.508).

Health information and instructions: _____

5. LIMITS ON THE CAREGIVER'S AUTHORITY

The Caregiver may not consent to the Child's marriage or adoption, change custody or parenting time under a court order, move the Child to live elsewhere without the Parent's consent, or hand this authority to anyone else. Some states add other limits.

6. EFFECTIVE DATE AND DURATION

This document takes effect on _____ and ends on _____, unless revoked sooner. Many states limit how long a parent may delegate this authority, often to six months or one year, with longer periods for a parent on military duty. Check your state's limit before you choose an end date.

Alternate caregiver (optional): _____, phone _____, who may act if the Caregiver cannot.

7. SUPPORT AND EXPENSES

(Check one.) [ ] The Parent will pay or repay the Child's reasonable costs. [ ] The Parent will pay the Caregiver $_____ each month. [ ] The Caregiver will cover everyday costs. In every case the Parent pays medical costs not covered by insurance and remains legally responsible for supporting the Child.

8. CAREGIVER'S DUTIES

The Caregiver will act in the Child's best interests, follow the Parent's instructions, keep the Parent informed, tell the Parent promptly about any emergency, and return the Child as soon as reasonably possible when the Parent asks or when this document ends.

9. REVOCATION AND TERMINATION

The Parent may revoke this document at any time by a signed written notice given to the Caregiver. It also ends when its term runs out, when the Child turns 18, marries or is emancipated, if a court order ends it, or if the Caregiver can no longer serve. Schools, providers and others may rely on a copy until they receive notice that it has ended.

10. GENERAL TERMS

This document is governed by the law of the State of _____. If any part is found invalid, the rest still applies. It may be changed only by a new signed writing.

Note: some states have their own forms or required wording for this document (for example New York, Illinois and Texas), and some require witnesses or a notary. Check your state's rules before you sign.

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SIGNATURES

Parent

Signature: _____ Date: _____

Printed Name: _____

Second parent (if signing)

Signature: _____ Date: _____

Printed Name: _____

Other parent consenting (if any)

Signature: _____ Date: _____

Printed Name: _____

Caregiver (acceptance)

Signature: _____ Date: _____

Printed Name: _____

WITNESSES (IF REQUIRED OR WANTED)

Each witness saw the Parent sign, is at least 18 years old and is not the Caregiver. Witness 1: _____, date _____. Witness 2: _____, date _____.

NOTARY ACKNOWLEDGMENT

State of _____, County of _____. On _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identity to be the person or persons whose names are signed on this document, and acknowledged signing it voluntarily.

Notary Public: _____ My commission expires: _____ (Seal)

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