RICHFIELD PUBLIC SCHOOLS
ADMINISTRATIVE GUIDELINES

POWER OF ATTORNEY
DELEGATION OF PARENTAL AUTHORITY

KNOW ALL PERSONS BY THESE PRESENT THAT:

_____ _____ _____
(Parent First Name) (Middle) (Last)

of the County of _____, State of _____, does by these present hereby make, constitute and appoint:

_____ _____ _____
(Guardian/Foster First Name) (Middle) (Last)

of the County of _____, State of _____, to be my true and lawful Attorney in Fact to act in my place with respect to the exercise of parental authority regarding the case, custody and property of my child

_____ _____ _____
(Child First Name) (Middle) (Last)

for a period of 6 (six) months following the date of my signature, pursuant to MN Stat 524.5-505.

This Power of Attorney in Fact hereby constitutes my delegation to: _____,
(Guardian/Foster Name)

of my parental authority regarding the care, custody, and property of: _____,
(Child)

my minor child, born _____, including, but not limited to the authority to:
(Birthdate of Child)

1. authorize medical treatment for my child;

2. enroll and service my child in school; and

3. provide a home, care, and supervision of my child at the home of _____.
(Guardian/Foster Name)

This Power of Attorney in Fact does not authorize _____ to consent to the marriage,
(Guardian/Foster Name)

adoption, or enrollment in the armed forces of my child, placement in a foster or group home, residential treatment center or special education.

IN TESTIMONY WHEREOF, I have hereunto set my hand this _____ day of _____, 20_____.

_____
(Parent Signature)

Subscribed and sworn to before me this

_____ day of _____, 20___

_____
(Notary Public Signature)

Notary Seal

I hereby accept the foregoing Delegation of Parental Authority over _____
(Child)

_____ _____
(Date) (Guardian/Foster Signature)

Dated: August 17, 1987
Reviewed: March 6, 2006, March 4, 2013
Revised: September 18, 2000