

DELEGATION OF PARENTAL/GUARDIAN POWERS

I certify that I am the parent or legal guardian of:

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(FULL NAME OF MINOR CHILD)

(DATE OF BIRTH)

(“minor child/ren”). I designate

(FULL NAME OF ATTORNEY-IN-FACT)

(STREET ADDRESS, CITY, STATE AND ZIP CODE OF ATTORNEY-IN-FACT)

(HOME PHONE OF ATTORNEY-IN-FACT)

(WORK PHONE OF ATTORNEY-IN-FACT)

as the undersigned’s attorney-in-fact with respect to the minor child/ren under ORS 109.056.

I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of the minor child/ren, including but not limited to the right to enroll the minor child/ren in school, inspect and obtain copies of education records and other records concerning the minor child/ren, the right to attend school activities and other functions concerning the minor child/ren, and 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 minor child/ren. **OR**

I delegate to the attorney-in-fact the following specific powers and responsibilities (write in):

This delegation does not include the power or authority of the attorney-in-fact to consent to the minor child/ren’s marriage or adoption.

LENGTH OF TIME (*select one*):

This power of attorney is effective for a period not to exceed six months, beginning _____, 20__ , and ending _____, 20 . I reserve the right to revoke this authority at any time.

I am in the US Armed Forces and have been called to active duty. This power of attorney is effective through my active-duty period plus 30 days.

TO BE SIGNED IN FRONT OF A NOTARY. DO NOT COMPLETE UNTIL YOU ARE WITH THE NOTARY.

I agree to the delegation of parental/guardian powers for the minor child(ren) listed above as specified in this power of attorney.		I hereby accept my designation as attorney-in-fact for the minor child(ren) listed above as specified in this power of attorney.	
Parent/Legal Guardian Signature	Date	Parent/Legal Guardian Signature	Date
Notary Public		Notary Public	
State of	County of	State of	County of
Applicant Name		Applicant Name	
Signed before me on this date		Signed before me on this date	
By (notary’s signature)		By (notary’s signature)	

