

My agent and I agree to provide each other information regarding any change in our addresses or contact information immediately upon such change.

DESIGNATION OF SUCCESSOR AGENT

In the event my first agent shall predecease me or become unable to serve as my child's agent for any reason, I appoint the successor agent designated below and all the powers, duties and responsibilities granted and imposed upon my first agent shall devolve upon and be executed by my successor agent designated below.

NAME OF SUCCESSOR AGENT: _____

Relationship to child: _____

Address: _____

Telephone number: _____

Email Address: _____

DURATION

This power of attorney shall take effect in the event that I am detained or deported and shall continue until I revoke it in writing. If not previously revoked in writing, this power of attorney shall continue in effect during my incapacity and after my death.

AUTHORITY GRANTED TO AGENT

The authority I have granted my agent in regard to my child shall include the following:

1. to authorize medical, dental, psychological, or surgical treatment and immunization of the child, including executing any consents or authorizations for the release of information as required by law relating to the treatment or immunization;
2. to obtain and maintain health insurance coverage for the child and automobile insurance coverage for the child, if appropriate;
3. to enroll the child in a day-care program or preschool or in a public or private elementary, secondary, or high school;
4. to authorize the child to participate in age-appropriate extracurricular, civic, social, or recreational activities, including athletic activities;

5. to authorize the child to obtain a learner's permit, driver's license, or state-issued identification card;
6. to authorize employment of the child;
7. to apply for and receive public benefits on behalf of the child; and
8. to make travel arrangements on behalf of my child for destinations both inside and outside of the United States of America by air and/or ground transportation; to accompany my child on any such trips; and to make any and all related arrangements on behalf of my child including, but not limited to, hotel accommodations, passport applications and travel consents.

WARNINGS AND DISCLOSURES

The parties to this power of attorney acknowledge—

1. that this power of attorney is an important legal document;
2. that the parent and the agent must read all of the warnings and disclosures before signing this power of attorney;
3. that the persons signing this power of attorney are not required to consult an attorney but are advised to do so;
4. that the parent's rights as a parent may be adversely affected by placing or leaving the parent's child with another person;
5. that this power of attorney does not confer on the agent the rights of a managing or possessory conservator or legal guardian;
6. that a parent who is a party to this power of attorney may terminate the power of attorney and resume custody, possession, care, and control of the child on demand and that at any time the parent may request the return of the child;
7. that failure by the agent to return the child to the parent immediately on request may have criminal and civil consequences; and
8. that, under other applicable law, the agent may be liable for certain expenses relating to the child in the agent's care but that the parent still retains the parental obligation to support the child.

Signature of Parent

Printed Name of Parent

Subscribed and acknowledged before me on _____, 20__, by
_____, parent of the minor child named herein.

Notary Public, State of _____

[SEAL]