

Instructions & Checklist

California Power of Attorney for the Care of Children

- This package contains a (1) Power of Attorney for the Care of Children; (2) simple instructions plus a checklist; and (3) additional useful information about Power of Attorney for the Care of Children documents.
- Both Parents need to sign the Power of Attorney for the Care of Children.
- The Parents should sign the Power of Attorney for the Care of Children document before a Notary.
- The original Power of Attorney for the Care of Children document should be given to the Attorney-in-Fact.
- The Parents should keep a copy of the Power of Attorney for the Care of Children document for their records.
- In California, the power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If two witnesses sign it, they must witness either (1) the signing of the power of attorney or (2) the Parents' signing or acknowledgment of their signatures. The Attorney-in-Fact, the Attorney-in-Fact's spouse or children, and the Notary should not be witnesses.
- The Parents should be careful giving instructions to the Attorney-in-Fact. The Parents should also be very careful in the selection of the Attorney-in-Fact, as the powers granted by this document are very broad and sweeping.
- These forms are not intended and are not a substitute for legal advice. These forms should only be a starting point for you and should not be used without consulting with an attorney first.
- The purchase and use of these forms, is subject to the Disclaimers and Terms of Use found at findlegalforms.com

Information
Power of Attorney for the Care of Children

Whenever it becomes necessary to allow someone else to provide for the care of your children, a Power of Attorney for the Care of Children form can be used. This document allows parents of one or more children (sometimes called the "Principals" or "Grantors") to appoint another person to act as their Attorney-in-Fact to care for their children.

The word "attorney" is not used here to mean "lawyer". The person acting as the Attorney-in-Fact for the Parents or the children does not need to be a lawyer. Almost anyone can be appointed an Attorney-in-Fact by a power of attorney.

This form allows the Attorney-in-Fact to make decisions for the children in place of the parents, including health care, education and welfare decisions. This can be useful if the parent will be absent for a period of time. The powers granted by this instrument are very broad. Parents are basically giving temporary custody of the children to the Attorney-in-fact.

By having this type of document available, the Attorney-in-Fact will be able to better deal with any types of emergency involving the children and can avoid potential problems when, for example, arranging for medical, dental or any other type of care. Medical personnel will also generally feel more comfortable dealing with an Attorney-in-Fact who can provide this type of document.

The Parents should be very careful in the selection of the Attorney-in-Fact, as the powers granted by this document are very broad and sweeping and the children are being entrusted to the Attorney-in-Fact. The Parents should also be careful in instructing the Attorney-in-Fact as to what the Attorney-in-Fact should do.

Although the Power of Attorney for the Care of Children has a beginning and an "end/expiration" date, the Parents can revoke the document at any time even before the expiration date.

The Power of Attorney for the Care of Children should always be notarized, even if your state does not require it. Notarization will make it more difficult for any third party to challenge the validity of the Power of Attorney.

Although, some states don't require that a Power of Attorney be witnessed, it is always a very good idea to do so.

Please note that this information is not intended as and is not a substitute for legal advice. Furthermore, this information is general information that is not state specific. Whenever appropriate, the instructions included with the forms packages offered for sale, generally include state specific instructions.

California Power of Attorney Warning

A power of attorney is an important legal document. By signing the power of attorney, you are authorizing another person to act for you, the principal. Before you sign this power of attorney, you should know these important facts:

Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.

Your agent will have the right to receive reasonable payment for services provided under this power of attorney unless you provide otherwise in this power of attorney.

The powers you give your agent will continue until the expiration date or unless you otherwise terminate the power of attorney.

You can amend or change this power of attorney only by executing a new power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this power of attorney at any time, so long as you are competent.

This power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the signing of the power of attorney or (2) the principals' signing or acknowledgment of their signature. A power of attorney that may affect real property should be acknowledged before a notary public so that it may easily be recorded.

You should read this power of attorney carefully. The power of attorney is important to you. If you do not understand the power of attorney, or any provision of it, then you should obtain the assistance of an attorney or other qualified person.

POWER OF ATTORNEY FOR THE CARE OF CHILDREN

KNOW ALL PERSONS BY THESE PRESENTS:

I, _____ (“Parent”), maintaining an address at: _____ I am an adult and I am the custodial parent having full legal custody of:

Name: _____ born on _____
Name: _____ born on _____
Name: _____ born on _____
Name: _____ born on _____
Name: _____ born on _____
Name: _____ born on _____

I hereby make and appoint _____ (“Attorney-in-Fact”) maintaining an address at: _____ as, my true and lawful agent and attorney-in-fact for me and in my name, and in my behalf to act as the guardian of my above-named minor child/children:

The above named Attorney-in-Fact shall have the power and authority to act entirely in loco parentis and to do all acts necessary or desirable for maintaining the health, education, and welfare of our above named child/children, including, but not limited to, the powers to:

1. Provide for, approve, authorize and decline any health care at any hospital or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent, release or waiver of liability required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to my child/children. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.
2. Determine the education of my child/children and to register and enroll our child/children in any educational programs, schools and extracurricular activities; review any school records of the child/children; allow our child/children to participate in activities and events offered by any group, organization or educational facility.
3. Maintain the customary living standard of the child/children, including, but not limited to, provisions of living quarters, food, clothing, entertainment and other customary matters.

4. Request, ask, demand, sue and take any and all legal steps necessary on behalf of my child/children and to adjust, compromise and settle any claim, my child/children may have against any other person or entity.
5. Apply for, purchase, maintain and/or deal with any health and other insurance for my child/children and to make and file any medical or other type of claim against any health or other type of insurance company.
6. Endorse and execute any documents necessary for the performance of the powers granted by this document, including but not limited to consent forms, releases, waivers, insurance documents, claims, agreements, contracts and legal documents.

Notwithstanding other provisions in this Power of Attorney, Attorney-in-Fact shall not

- (i) have the authority to withhold or withdraw life sustaining procedures for any child/children;
- (ii) have the power to consent to the marriage of my child/children;
- (iii) have the power to consent to the adoption of my child/children.

This power of attorney shall be in effect from _____ to _____ (“expiration date”).

By signing here, I indicate that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the Attorney-in-Fact named herein.

I hereby ratify and confirm all acts by the Attorney-in-Fact done by virtue of this power of attorney and the rights hereby granted.

The Attorney-in-Fact shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. If this Power of Attorney is terminated by operation of law, any person relying in good faith on the authority of this document, without notice of such termination, shall be held harmless.

I may revoke this Power of Attorney before the expiration date at any time by providing written notice to the Attorney-in-Fact.

Signed on _____ (date), at _____ (city), California.

Signature of Parent

Witness Signature: _____
Name: _____
City: _____
State: _____

Witness Signature: _____
Name: _____
City: _____
State: _____

A Notary Public or other Officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA

COUNTY OF _____

On _____ (Date) before me, _____ (Name and title of the officer),
personally appeared _____ (Name of person signing), who proved to me on the basis of

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public's Signature