

Durable Power of Attorney for Parental Powers

Parents and Children

I am / We are (parent name/s) _____.

I am / We are age 18 or older and live in Washington State. I am / we are parent/s of the following child/ren:

Child's name and Date of Birth

Child's name and Date of Birth

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Agent

I / We appoint (name/s) _____

as my / our Agent.

Powers

I / We give the Agent the following authority and power:

1. Residential Care (Custody)

I/We authorize our child/ren to remain in the residential care of the Agent. The address the child/ren will live at is _____

I/We do **not** authorize the children to reside with the Agent.

2. Health Care

HIPAA Release – I/We authorize my child/rens' healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPPA) to my Agent.

I/We give authority to the Agent to make the following health care decisions for the child/ren:

Authority to get and provide all necessary health care, including but not limited to evaluations and treatment, emergency and routine medical and dental care, early periodic screening, diagnosis and treatment examinations and immunizations as needed.

Authority to consent to emergent medical care as is necessary to prevent death or serious injury to the child.

- Authority to consent to non-emergent medical treatments, including surgery.
- Authority to consent to mental health care and substance abuse evaluations and treatment as needed and recommended.
- Authority to manage prescribed and over-the-counter medications and to dispense and delegate dispensing.
- Other: _____

I/We do **not** authorize health care consent.

3. Child Care, School, Activities

I/We authorize the Agent to make decisions on all other issues regarding the child, including but not limited to:

- enrolling the child/ren in child care;
- enrolling the child/ren in school and participating in educational decisions;
- enrolling the child/ren in extracurricular activities, field trips, and camps and signing the necessary releases allowing them to attend;
- making routine day-to-day decisions on behalf of the child, including religious practices, social life, personal care, haircuts, piercings, or tattoos;

I/We do **not** authorize the following: _____

4. Travel

I/We authorize the Agent to do the following travel with the children:

I/We authorize the Agent to take the child/ren out of Washington State for travel with the following restrictions: _____

I/We authorize the Agent to have the right to apply for and renew a passport for the following child/ren: _____

I/We authorize the Agent to take the following child/ren _____ across international borders, from the United States to _____ with the following restrictions (*example: for vacation or visits only*):

I/We do **not** authorize the following travel: _____

5. Property

I/We authorize the Agent to make decisions and receive information about the child/rens' property, benefits, and money, including but not limited to Social Security Administration, any state health or welfare benefits, or child care benefits.

I/We do **not** authorize the Agent to make decisions about the child/rens' property, benefits, and money.

6. Duration

The Durable Power of Attorney is effective immediately upon signature of the parent/s and shall continue throughout any later disability or incapacity of the parent/s.

This authorization lasts until *(date up to 24 months ahead)* _____, unless I/we revoke it before it expires. If both parents signed, either parent can revoke this Power of Attorney and end this authorization at any time by giving actual notice of the revocation to the Agent.

7. Parent's Authority

Check one:

Both parents agree and are signing this Power of Attorney.

I am the child's only legal parent.

I have sole decision-making authority from a court-ordered Parenting Plan.

The other parent *(name)* _____ has **not** signed this Power of Attorney because:

8. Other: _____

▶ _____
Signature of Parent 1 *Date*

▶ _____
Signature of Parent 2 *Date*

Important! Parent/s must sign in front of a notary **or** two witnesses. Witnesses must:

- Not be related to the parent/s by blood, marriage, or state registered domestic partnership,
- Not be a care provider for the parent/s (in-home or residential facility)

Choose Notary **or** Witnesses (you do not need both)

Notary

State of Washington

County of _____

I certify that I know or have satisfactory evidence that
(parent/s name/s) _____
is / are the person/s who appeared before me. Said person/s acknowledged that they signed this power of attorney and acknowledged it to be free and voluntary act for the uses and purposes stated in this power of attorney.

Signed before me on (date): _____

Signature of notary

Print name of notary

Notary Public in and for the
State of _____

My commission expires: _____

(Print seal above)

Witnesses

We are both age 18 or older and competent to be witnesses. We are **not** related to the parent/s by blood, marriage, or state registered domestic partnership. We are **not** care providers for the parent/s (in-home or residential facility).

We each certify that we know or have satisfactory evidence that
(parent/s name/s) _____
is / are the person/s who appeared before us. The parent/s acknowledged that they signed this power of attorney and acknowledged it to be free and voluntary act for the uses and purposes stated in this power of attorney.

Signed before us on (date): _____

Signature of Witness 1

Signature of Witness 2

Print name of Witness 1

Print name of Witness 2

Agent Acknowledgement (Optional)

I acknowledge receipt of the Power of Attorney and consent to the terms and placement of the children in my care.

▶ _____
Signature of Agent 1 *Date*

▶ _____
Signature of Agent 2 (if any) *Date*