POWER OF ATTORNEY DELEGATING PARENTAL POWER

As authorized by s. 48.979, Wis. Stats.

NAME(S) OF CHILD(REN)

This power of attorney is for the purpose of providing for the care and custody of the following child(ren):

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

DELEGATION OF POWER TO AGENT

I, _____,
PARENT NAME PARENT ADDRESS

state that I have legal custody of the child(ren) named above. **(Only a parent who has legal custody may use this form.)** A parent **may not** use this form to delegate parental powers regarding a child who is subject to the jurisdiction of the juvenile court under s. 48.13, 48.14, 938.12, 938.13, or 938.14, Wis. Stats.

I delegate my parental power to:

Name of agent: _____

Agent's address: _____

Agent's telephone number(s): _____

Agent's e-mail address or additional contacts: _____

The Relationship of the agent to child(ren) is _____

The parental power I am delegating is as follows:

FULL

(Check the box if you want to delegate full parental power regarding the care and custody of the child(ren) named above.)

☐ Full parental power regarding the care and custody of the child(ren) named above

PARTIAL

(Check each subject over which you want to delegate your parental power regarding the child(ren) named above.)

HEALTH CARE DECISIONS DELEGATED AS FOLLOWS:

☐ The power to consent to all health care; **or**

☐ The power to consent to only the following health care:

☐ Ordinary or routine health care, excluding major surgical procedures, extraordinary procedures, and experimental treatment

☐ Emergency blood transfusion

☐ Dental care

☐ Disclosure of health information about the child(ren)

OTHER DECISIONS DELEGATED AS FOLLOWS:

☐ The power to consent to educational and vocational services.

☐ The power to consent to the employment of the child(ren).

☐ The power to consent to the disclosure of confidential information, other than health information, about the child(ren).

☐ The power to provide for the care and custody of the child(ren).

☐ The power to consent to the child(ren) obtaining a motor vehicle operator's license.

☐ The power to travel with the child(ren) outside the state of Wisconsin.

☐ The power to obtain substitute care, such as child care, for the child(ren).

☐ Other specifically delegated powers or limits on delegated powers

(Fill in the following space or attach a separate sheet describing any other specific powers that you wish to delegate or any limits that you wish to place on the powers you are delegating.)

_____

_____

☐ SEE ATTACHED PAGE(S)

This delegation of parental powers does not deprive a custodial or noncustodial parent of any of his or her powers regarding the care and custody of the child, whether granted by court order or force of law.

THIS DOCUMENT MAY NOT BE USED TO DELEGATE THE POWER TO ALL OF THE FOLLOWING:

- CONSENT TO THE MARRIAGE OR ADOPTION OF THE CHILD(REN),
- THE PERFORMANCE OR INDUCEMENT OF AN ABORTION ON OR FOR THE CHILD(REN),
- THE TERMINATION OF PARENTAL RIGHTS TO THE CHILD(REN),
- THE ENLISTMENT OF THE CHILD(REN) IN THE U.S. ARMED FORCES, OR
- TO PLACE THE CHILD(REN) IN A FOSTER HOME, GROUP HOME, OR INPATIENT TREATMENT FACILITY.

EFFECTIVE DATE AND TERM OF THIS DELEGATION

This Power of Attorney takes effect on (day/month/year) _____, and will

remain in effect until (day/month/year) _____.

If no termination date is given or if the termination date given is more than one year after the effective date of this Power of Attorney, this Power of Attorney will remain in effect for a period of one year after the effective date, but no longer.

REVOCATION OF POWER OF ATTORNEY

This Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the child(ren) and such a revocation invalidates the delegation of parental powers made by this Power of Attorney, except with respect to acts already taken in reliance on this Power of Attorney.

SIGNATURE(S) OF PARENT(S)

_____	_____
MOTHER'S SIGNATURE DATE	FATHER'S SIGNATURE DATE
_____	_____
MOTHER'S NAME PRINTED	FATHER'S NAME PRINTED
_____	_____
MOTHER'S ADDRESS	FATHER'S ADDRESS
_____	_____
MOTHER'S TELEPHONE NUMBER(S)	FATHER'S TELEPHONE NUMBER(S)
_____	_____
MOTHER'S EMAIL ADDRESS	FATHER'S EMAIL ADDRESS

WITNESSING OF SIGNATURE(S) (OPTIONAL)

State of _____; County of _____

This document was signed before me on (day/month/year) _____ by (name(s) of parent(s)) _____

_____
Signature of notary public

My commission expires: _____

STATEMENT OF AGENT

I, _____, understand that _____
(name and address of agent) (name(s) of parent(s))

has (have) delegated to me the powers specified in this Power of Attorney regarding the care and custody of _____.
(name(s) of child(ren))

I further understand that this Power of Attorney may be revoked in writing at any time by a parent who has legal custody of _____.
(name(s) of child(ren)).

I hereby declare that I have read this Power of Attorney, understand the powers delegated to me by this Power of Attorney, am fit, willing, and able to undertake those powers, and accept those powers.

_____ _____
AGENT SIGNATURE DATE

APPENDIX

Here the parent(s) may indicate where they may be located during the term of the Power of Attorney if different from the address(es) set forth above.

☐ I can be located at:
Address(es) _____
Telephone _____
E-mail address _____

☐ OR By contacting:
Name _____
Address _____
Phone _____
E-mail address _____

☐ OR I cannot be located.