

Power of Attorney and Delegation by Parent or Guardian
18-C M.R.S. § 5-127

KNOW ALL PERSONS that I, _____ (your full name) of _____ (city/town where you reside), Maine, do appoint/delegate to _____ (full name of person being appointed) of _____ (city/town where they live), to be my lawful attorney-in-fact regarding my minor children:

_____, (minor child's full name), born _____ (minor child's date of birth)
_____, (minor child's full name), born _____ (minor child's date of birth)
_____, (minor child's full name), born _____ (minor child's date of birth)

I hereby grant to my attorney-in-fact, _____, all of my powers regarding the care and custody of the above-named children, except my power to consent to marriage or adoption of my minor child[ren] and my power to sell, transfer, convey, or otherwise manage any real or personal property belonging to my minor child[ren].

I hereby intend that my attorney-in-fact have the same full authority as I have to consent to, or withhold consent to, any medical or other professional care, counsel, treatment, or service to said minor child[ren] by a licensed or certified professional person or institution engaged in the practice of, or providing, a healing art.

The rights, power, and authority herein granted shall remain in full force and effect until _____ (up to 12 months) or until terminated by a written Revocation of Power of Attorney signed by me, whichever happens first, and delivered to the person to whom the powers were delegated and to other interested persons. This Power of Attorney shall not be affected by my disability or incapacity. The authority herein granted to my attorney-in-fact, _____, is exercisable by them, notwithstanding my later disability or incapacity or later uncertainty as to whether I am dead or alive.

IN WITNESS WHEREOF, I have hereunto set my signature on this _____ day of 20____.

Signature: _____

Printed Name: _____

The Declarant voluntarily signed this writing in my presence.

Witness: _____

Signature

Witness: _____

Signature

Print Name

Print Name

Address: _____

Address: _____

STATE OF MAINE

_____, ss

Personally appeared the above named _____ and acknowledged
that foregoing instrument to be their free act and deed.

Before me,

Notary Public/Attorney