

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 agent and 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 agent and 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 agent and attorney-in-fact have the same full authority as I have regarding the care and custody of my minor child[ren], including but not limited to the authority to:

- Consent to, or withhold consent to, any medical, dental, mental health, or other professional care, treatment, service, or procedure including surgical procedures to said minor child[ren] by a licensed or certified professional person or institution engaged in the practice of, or providing, a healing art;
- Communicate with schools, health care providers, and other licensed or certified professionals or institutions;
- Make decisions regarding education and extracurricular activities;
- Apply for passports and other travel documents and arrange for and authorize the child(ren) to travel, including internationally;
- Provide daily care and ensure the child(ren)'s welfare; and
- Any other right, power, or authority reasonably necessary for ensuring the child(ren)'s health, safety, and welfare.

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 and Delegation does not impact my parental rights and responsibilities, and I retain all legal authority and responsibility for my minor child(ren).

This Power of Attorney and Delegation 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

Print Name

Witness: _____

Signature

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