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	N OF POWER TO AGENT
l,	,
PARENT NAME	PARENT ADDRESS
may use this form.) A parent may not use this for	amed above. (Only a parent who has legal custody orm to delegate parental powers regarding a child who is nder s. 48.13, 48.14, 938.12, 938.13, or 938.14, Wis.
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:

 $\hfill\square$ The power to consent to all health care; ${\bf or}$

 \Box 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).

 \Box 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).

 $\hfill\square$ 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 (d	ay/month/year)	by (name(s) of
parent(s))		
Signature of notary public		
My commission expires:		
STA	TEMENT OF AGENT	
l,	, understand that	
I, (name and address of agent)		(name(s) of parent(s))
I further understand that this Power of Atto who has legal custody of	of child(ren)) orney may be revoked in w	riting at any time by a parent
	of child(ren)).	
I hereby declare that I have read this Power this Power of Attorney, am fit, willing, and powers.	-	
AGENT SIGNATURE	 C	DATE
	APPENDIX	
re the parent(s) may indicate where they ma ferent from the address(es) set forth above.	ay be located during the ter	rm of the Power of Attorney if
I can be located at:	🗆 OR By contac	cting:
dress(es)	Name	
ephone		
nail address	_ Phone	
	E-mail address	

□ OR I cannot be located.