

Power of Attorney – Delegated Parental Power

NAME(S) OF CHILD(REN)

This power of attorney is for the purpose of providing for the care and custody of:

(NAME)

(ADDRESS)

(DATE OF BIRTH)

DELEGATION OF PARENTAL POWER

I, _____
(name and address of parent), 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: _____

Relationship of agent to child(ren): _____

The parental power I am delegating is as follows:

FULL

(Check 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.)

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; and/or

Dental care.

The power to receive and disclose health information about the child(ren).

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.) _____

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 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 _____ and will remain in effect until _____. 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. 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)

(Must be signed by all parents who have legal custody.
If only one parent has legal custody, please check the appropriate box.)

Signature of parent: _____ Date: _____

Parent's name printed: _____

Parent's address: _____

Parent's telephone number: _____

Parent's e-mail address: _____

I represent that I am the only parent with legal custody of the above-named child(ren).

Signature of parent: _____ Date: _____

Parent's name printed: _____

Parent's address: _____

Parent's telephone number: _____

Parent's e-mail address: _____

STATEMENT OF AGENT

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

E-mail address(es) _____

Or, by contacting:

Name _____

Address _____

Telephone number _____

E-mail address _____

Or, I cannot be located

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