

POWER OF ATTORNEY FOR THE CARE OF MINOR CHILDREN

I _____ ID #: _____ and

_____ ID #: _____

custodial parents of:

have made the following arrangements for the care of my child (children) in the event I am not available to provide the proper care due to any emergency which would require me to be away from them for an extended period of time. This document does not take my rights as parent and should be valid only on the mentioned cases. This document does not give power to consent to a marriage or adoption of my minor (s).

1. _____ ID: _____ has
been given legal authority to care for my child (ren) until the long-term guardian(s) can arrive to care for them.

2. In the case _____ is not available at the time,
_____ ID: _____ has
been given legal authority to care for my child (ren) until the long-term guardian(s) can arrive to care for them.

3. Should it be necessary to contact any of the persons involved in the transportation, support or care for my child (ren), the following information is provided:

Phone: _____

If a Guardian of the Person is required for any minor child of mine, in case of death or Incapability, I nominate, as my first choice:

_____ ID: _____
to serve as guardian(s).

If the above-nominated guardians(s) is/are unwilling or unable to serve or continue as guardian of the Person of my minor child(ren), then I nominate the following individuals to serve as guardians listed in preferred order and not serving jointly unless so specifically noted:

_____ ID: _____
_____ ID: _____

4. In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children. I also give permission for the guardian to travel with my child / children (including overseas travel).

5. Special documents pertaining to my child (ren) such as ID cards, medical records, school records, passports, as well as special instructions on medical prescriptions, allergies or other pertinent information will accompany my child (ren), if they are not already in the possession of the guardian.

Any guardians designated in this document shall serve without bond in any jurisdiction.

This document does not have an expiration date and can be terminated at any moment by a Revocation of Power of Attorney signed by me.

Being of sound mind and memory, I _____
have signed this on ____/____/____

Signature: _____

Print name: _____

Signature: _____ Date: ____/____/____

WITNESSED: THIS Nomination of Guardian was on the above stated date signed, published and declared by the Testator in the presence of the undersigned witnesses, and, at said Testator's request, we have subscribed our names hereto as witnesses in the Testator's presence and in the presence of each other, and we further swear and certify that in our opinion the Testator was of sound mind and memory.

WITNESS #1

Print Name _____

Signature _____

Telephone: _____

WITNESS #2

Print Name _____

Signature _____

Telephone: _____

WITNESS #1

Print Name _____

Signature _____

Telephone: _____

WITNESS #2

Print Name _____

Signature _____

Telephone: _____

Notarization: On this _____ day of _____, _____,
_____ personally appeared before me in Orlando, FL
and, in my presence, has/have satisfactorily identified him/her/themselves as the signer(s) of this Guardianship Form.

Name of Notary Official:

Commission Expires:

Notarization: On this _____ day of _____, _____,
_____ personally appeared before me in Orlando, FL
and, in my presence, has/have satisfactorily identified him/her/themselves as the signer(s) of this Guardianship Form.

Name of Notary Official:

Commission Expires: