

POWER OF ATTORNEY  
FOR CARE OF MINOR CHILD

Know by all persons present that I, \_\_\_\_\_, residing in \_\_\_\_\_, South Dakota am the legal custodial parent of

_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth
_____ Child's Name	_____ Date of Birth

As such, I do hereby appoint as my lawful attorney in fact and give full authority and power to \_\_\_\_\_, to act in my name, place and stead, to do and perform every act necessary to provide all physical care, custody and control of my child(ren), as I might do as legal custodial parent being physically present, including the following acts:

- ☐ Authorize    ☐ Do Not Authorize    To seek and authorize necessary medical treatment
- ☐ Authorize    ☐ Do Not Authorize    To enroll my children in school; have access to school records; be notified of emergencies, school activities and all other issues; to attend parent-teacher conferences; to authorize or not other adults to contact the child at school
- ☐ Authorize    ☐ Do Not Authorize    To seek mental health treatment as necessary with a licensed therapist or counselor and have access to counseling records

Unless otherwise revoked or amended by me, this Power of Attorney shall be in effect

- ☐ Upon my detention or removal from the U.S.
- ☐ FROM \_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ OR
- ☐ Indefinitely until it is revoked by me.

Unless otherwise revoked or amended by me, this Power of Attorney should be accepted and relied upon by anyone to whom it is presented in the time frame described above.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature of custodial parent)

\_\_\_\_\_  
(name of custodial parent, printed)

\_\_\_\_\_  
(street address)

\_\_\_\_\_  
(city, state, zip)

(\_\_\_\_\_) - \_\_\_\_\_  
(phone number)

STATE OF SOUTH DAKOTA                    )  
  :SS  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF SOUTH DAKOTA  
My Commission Expires: \_\_\_\_\_

(SEAL)