

STATE OF MINNESOTA)
) ss.
COUNTY OF)

1. I, (Name of Parent), of the County of _____, State of _____, am the parent of (Child's name), born (Month, Day, Year).
2. I hereby appoint (Name of person whom you are authorizing), of the County of _____, State of Minnesota, to be my true and lawful Attorney in Fact for the exercise of parental authority over my child, (Child's name), until one year from the date of my signature, pursuant to MINN. STAT. § 524.5-211.
3. This Power of Attorney hereby constitutes my delegation to (Name of person whom you are authorizing), of my parental powers and authority regarding the care, custody and property of (Child's name), including, but not limited to the authority to:
 - a. authorize medical treatment;
 - b. enroll my child in school; and
 - c. provide a home, care, and supervision of my child.

This Power of Attorney does not authorize (Name of person whom you are authorizing) to consent to the adoption of (Child's name).

I, (Name of Parent), understand that I am legally obligated, pursuant to MINN. STAT. § 524.5-211(b) to mail or give a copy of this document to any other parent within 30 days of its execution unless:

- a. the other parent does not have parenting time rights or has supervised parenting time rights; or
- b. there is an existing order for protection under chapter 518B or similar law of another state in effect against the other parent to protect me.

IN TESTIMONY WHEREOF, I have hereunto set my hand this _____ day of _____, 20__.

(Name of parent),
Parent or Guardian

(Name of parent),
Parent or Guardian

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public

I hereby accept the foregoing Delegation of Parental Authority over (Child's name).

(Name of person whom you are
authorizing),
Attorney in Fact

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public