
Power of Attorney for Child Custody

Date: [DD/MM/YYYY]

This Power of Attorney for Child Custody is executed on [date] by [Parent/Guardian's Full Name] (referred to as "Principal"), residing at [Parent/Guardian's Address].

1. APPOINTMENT OF AGENT

I, [Parent/Guardian's Full Name], as the lawful parent/guardian of [Child's Full Name], born on [Child's Date of Birth], hereby appoint [Agent's Full Name], residing at [Agent's Address], as my Attorney-in-Fact (referred to as "Agent") for matters concerning the care and custody of my child.

2. SCOPE OF POWERS

The Agent shall have full authority to make decisions regarding the care, custody, and control of my child, including, but not limited to:

- **Medical Care:** Authorize medical, dental, and mental health treatment, including emergency procedures if needed.
- **Educational Matters:** Enroll my child in school, attend parent-teacher conferences, and make educational decisions.
- **General Care:** Provide general supervision, nutrition, housing, discipline, and overall care as needed.
- **Travel Authorization:** Consent to travel within [state/country] or internationally with my child if necessary.

3. DURATION OF POWER

This Power of Attorney shall commence on **[start date]** and shall terminate on **[end date]**, unless revoked earlier by me in writing. This Power of Attorney may be renewed if necessary.

4. LIMITATIONS

This Power of Attorney does not transfer any legal custody rights to the Agent but authorizes them to act on my behalf. I retain full legal custody of my child, and the Agent shall return my child to my care upon the termination or revocation of this document.

5. REVOCATION

I reserve the right to revoke this Power of Attorney for Child Custody at any time by providing written notice to the Agent.

6. SIGNATURES AND ACKNOWLEDGEMENT

In Witness Whereof, I have executed this Power of Attorney for Child Custody on the date set forth above.

Principal's Signature: _____

Date: [DD/MM/YYYY]

Agent's Signature: _____

Date: [DD/MM/YYYY]

Witness 1 Name: _____

Signature: _____

Date: [DD/MM/YYYY]

Witness 2 Name: _____

Signature: _____

Date: [DD/MM/YYYY]

[Notarization (if required by law in your area)]