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# 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)]**