

Power of Attorney

For _____ (Child/ren) _____

To whom it may concern: We, _____ (First parent) and _____ (Second parent), of _____ (Child's name/s), appoint _____ (Full name/s), _____ (Identify relation to the child/ren), to be our lawful attorney-in-fact (the Agent or Attorney-in-Fact) regarding our minor child/ren _____ (DOB: Date/Month/Year).

I/We, _____, hereby grant to the Attorney-in-Fact, all of our powers regarding the care and custody of the above-named child as specified below:

- Enroll the child in school and in extracurricular activities
- Obtain school records and make education related decisions on behalf of the child
- Obtain medical, dental, and mental health treatment and make health care decisions on behalf of the child
- Provide for the child's food, lodging, housing, recreation, and travel

If it's necessary to reach us at any time while this power of attorney is in effect, we may be reached at:

First Parent: _____
phone number _____ email address _____

Second Parent: _____
phone number _____ email address _____

Attorney in-fact: _____
phone number/s _____ email address _____

The rights, power and authority herein granted shall remain from ____ **date** ____ until one of the following events occurs: the termination date of ____ **date** ____, terminated as required by state law, or terminated by a written Revocation of Power of Attorney signed by us, whichever happens first.

As a signature is required, please print, sign, scan, and email to the Enlightenment team.

Signed on ____ day of _____, _____.

Signature: _____
parent _____ power of attorney _____