

GEORGIA POWER OF ATTORNEY TO DELEGATE THE POWERS OF A PARENT OR GUARDIAN

NOTICE:

(1) THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE INDIVIDUAL WHOM YOU DESIGNATE (THE AGENT) POWERS TO CARE FOR YOUR CHILD, INCLUDING THE POWER TO: HAVE ACCESS TO EDUCATIONAL RECORDS AND DISCLOSE THE CONTENTS TO OTHERS; ARRANGE FOR AND CONSENT TO MEDICAL, DENTAL, AND MENTAL HEALTH TREATMENT FOR THE CHILD; HAVE ACCESS TO RECORDS RELATED TO SUCH TREATMENT OF THE CHILD AND DISCLOSE THE CONTENTS OF THOSE RECORDS TO OTHERS; PROVIDE FOR THE CHILD'S FOOD, LODGING, RECREATION, AND TRAVEL; AND HAVE ANY ADDITIONAL POWERS AS SPECIFIED BY THE INDIVIDUAL EXECUTING THIS POWER OF ATTORNEY.

(2) THE AGENT IS REQUIRED TO EXERCISE DUE CARE TO ACT IN THE CHILD'S BEST INTERESTS AND IN ACCORDANCE WITH THE GRANT OF AUTHORITY SPECIFIED IN THIS FORM.

(3) A COURT OF COMPETENT JURISDICTION MAY REVOKE THE POWERS OF THE AGENT.

(4) THE AGENT MAY EXERCISE THE POWERS GIVEN IN THIS POWER OF ATTORNEY FOR THE CARE OF A CHILD FOR THE PERIOD SET FORTH IN THIS FORM UNLESS THE INDIVIDUAL EXECUTING THIS POWER OF ATTORNEY REVOKES THIS POWER OF ATTORNEY AND PROVIDES NOTICE OF THE REVOCATION TO THE AGENT OR A COURT OF COMPETENT JURISDICTION TERMINATES THIS POWER OF ATTORNEY.

(5) THE AGENT MAY RESIGN AS AGENT AND MUST IMMEDIATELY COMMUNICATE SUCH RESIGNATION TO THE INDIVIDUAL EXECUTING THIS POWER OF ATTORNEY AND TO SCHOOLS, HEALTH CARE PROVIDERS, AND



OTHERS KNOWN TO THE AGENT TO HAVE RELIED UPON SUCH POWER OF ATTORNEY.

(6) THIS POWER OF ATTORNEY MAY BE REVOKED IN WRITING. IF THIS POWER OF ATTORNEY IS REVOKED, THE REVOKING INDIVIDUAL SHALL NOTIFY THE AGENT, SCHOOLS, HEALTH CARE PROVIDERS, AND OTHERS KNOWN TO THE INDIVIDUAL EXECUTING THIS POWER OF ATTORNEY TO HAVE RELIED UPON SUCH POWER OF ATTORNEY.

(7) IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK AN ATTORNEY TO EXPLAIN IT TO YOU.

Section 1. I certify that I am the parent, legal custodian, or guardian of:

(Full name of minor child)

(Date of Birth)

(Full name of minor child)

(Date of Birth)

(Full name of minor child)

(Date of Birth)

who is a minor child/are minor children.

Section 2. I designate

(Full name of attorney-in-fact)

(Street address, city, state, and zip code of attorney-in-fact)

(Home and/or Work telephone of attorney-in-fact)

as the attorney-in-fact of each minor child named above.



2.1 The agent named above is related or known to me as follows:

(write in your relationship to the agent; for example, aunt of the child, maternal grandparent of the child, sibling of the child, godparent of the child, associated with a nonprofit or faith based organization):

2.2 Sign by the statement you wish to choose (you may only choose one for this portion):

_____ The agent named above is related to me by blood or marriage and I have elected not to have him or her obtain a criminal background check.

OR

_____ The agent named above is not related to me and I have reviewed his or her criminal background check. (If the agent has a criminal conviction, complete the rest of this paragraph.) I know that the agent has a conviction but I want him or her to be the agent because (write in):

Section 3. I delegate to the attorney-in-fact all of my power and authority regarding the care and custody of each minor child named above, including the right to enroll the child in school, the right to inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver with respect to school activities, medical treatment, dental treatment, and other activity, function, or treatment that may concern the minor child. This delegation does not include the power or authority to consent to the marriage or adoption of the



minor child, the performance or inducement of an abortion on or for the minor child, or the termination of parental rights to the minor child.

Optional:

Additionally, I delegate to my attorney-in-fact the following specific power and responsibilities (write in if there are more):

OR

Section 4. I delegate to my attorney-in-fact the following specific powers and responsibilities (write in below):

In addition to enumerated specific powers, initial each subject over which you want to delegate your parental power regarding the child(ren) named above.

- ☐ The power to consent to all health care; or
- ☐ The power to consent to only the following health care:
 - ☐ Ordinary or routine health care, excluding major surgical procedures, extraordinary procedures, and experimental treatment
 - ☐ Emergency blood transfusion
 - ☐ Dental care
- ☐ Disclosure of health information about the child(ren)
- ☐ The power to consent to educational and vocational services
- ☐ The power to consent to the employment of the child(ren)



_____ The power to consent to the disclosure of confidential information, other than health information, about the child(ren)

_____ The power to provide for the care and custody of the child(ren)

_____ The power to consent to the child(ren) obtaining a motor vehicle operator's license

_____ The power to travel with the child(ren) outside the state.

_____ The power to obtain substitute care, such as child care.

Delegation under this section does not include the power or authority to consent to the marriage or adoption of the minor child, the performance or inducement of an abortion on or for the minor child, or the termination of parental rights to the minor child.

(If you complete Section 4, Section 3 does not apply).

Section 5. Initial by the statement you wish to choose (you may only choose one of the three options for this Section) and complete the information in the chosen paragraph:

_____ This power of attorney is effective for a period not to exceed one year, beginning _____, 20 ____, and ending _____, 20 _____. I reserve the right to revoke this authority at any time.

OR

_____ This power of attorney is being given to a grandparent of my child and is effective until I revoke this power of attorney.

OR

_____ I am a military parent or guardian as defined in O.C.G.A. § 19-9-130(b). My active duty is scheduled to begin on _____, 20 ____, and is estimated to end on _____, 20 _____. I acknowledge



that in no event shall this delegation of power and authority last more than one year or the term of my deployment plus 30 days, whichever is longer. I reserve the right to revoke this power and authority at any time.

I hereby swear or affirm under penalty of law that I provided the notice required by O.C.G.A. § 19-9-125 and received no objection in the required time period.

By: _____
(Parent/guardian signature)

Date: _____

By: _____
(Parent/guardian signature)

Date: _____

Section 6. I hereby accept my designation as agent for the child specified in this power of attorney and by doing so acknowledge my acceptance of the responsibility for caring for such child for the duration of this power of attorney. Furthermore, I hereby certify that:

(A) Initial one as applicable:

_____ I am related to the individual giving me this power of attorney by blood or marriage as follows (write in your relationship to the individual designating you as agent; for example, sister, mother, father, etc.):

OR

_____ I am not related to the individual giving me this power of attorney but was referred to him or her by: (write in the name of the child-placing agency, nonprofit entity, or faith based organization).



(B) I am not currently on the state sexual offender registry or child abuse registry of this state or the sexual offender registry or child abuse registry for any other state, a United States territory, the District of Columbia, or any American Indian tribe nor have I ever been required to register for any such registry;

(C) I have provided a criminal background check to the individual designating me as an agent, if it was required;

(D) I understand that I have the authority to act on behalf of the child:

_ -For the period of time set forth in this form;

--Until the power of attorney is revoked in writing and notice is provided to me as required by O.C.G.A. § 19-9-130;

or

--Until the power of attorney is terminated by order of a court;

(E) I understand that if I am made aware of the death of the individual who executed the power of attorney, I must notify the surviving parent of the child, if known, as soon as practicable;

and

(F) I understand that I may resign as agent by notifying the individual who executed the power of attorney in writing by certified mail, return receipt requested, or statutory overnight delivery and I must also notify any schools, health care providers, and others to whom I give a copy of this power of attorney.



I hereby accept my designation as attorney-in-fact for the minor child/children identified in this power of attorney.

By: _____
(Attorney-in-fact signature)

Date: _____

State of Georgia

County of _____

ACKNOWLEDGMENT

Before me, the undersigned, a Notary Public, in and for the said County and State identified above, on this ____ day of _____, 20 ____, personally appeared

_____(name/s of parent/guardian)
and

_____(name of attorney-in-fact), to me known to be the persons who executed this power of attorney, and each acknowledged to me that each executed the same as the person's free and voluntary act and deed for the uses and purposes set out in this power of attorney.

Witness my hand and official seal the day and year written above.

(Signature of notary public)

(Seal, if any)



(Title and rank)

My commission expires: _____

