

# VERMONT POWER OF ATTORNEY TO DELEGATE THE POWERS OF A PARENT OR GUARDIAN

**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.

**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):

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OR

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

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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.** This power of attorney is effective beginning \_\_\_\_\_, 20 \_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_. I reserve the right to revoke this authority at any time.

OR

**Section 6.** I am a military parent or guardian under the laws of the State of Vermont. My active duty is scheduled to begin on \_\_\_\_\_, 20 \_\_\_\_, and is estimated to end on \_\_\_\_\_, 20 \_\_\_\_\_. I acknowledge that this power of attorney will not last more than the term of my active duty service plus 30 days.

By: \_\_\_\_\_  
(Parent/guardian signature)



Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Parent/guardian signature)

Date: \_\_\_\_\_

**Section 7.** 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 Vermont

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.



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(Signature of notary public)

(Seal, if any)

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(Title and rank)

My commission expires: \_\_\_\_\_

