

DELEGATION OF POWERS BY PARENT MINN. STAT. § 524.5-211

STATE OF MINNESOTA)
) ss.
COUNTY OF _____)

KNOW ALL PERSONS BY THESE PRESENTS THAT:

1. I, _____, of the County of _____, State of Minnesota, am the parent of _____, born _____.
2. I hereby appoint _____, of the County of _____, State of Minnesota, to be my true and lawful Attorney in Fact for the exercise of parental authority over my child, _____, for a period of _____ (up to one year) following the date of my signature, pursuant to MINN. STAT. § 524.5-211.
3. This Power of Attorney hereby constitutes my delegation to _____, of my parental powers and authority regarding the care, custody, and property of _____, including, but not limited to the authority to:
 - a. authorize medical treatment;
 - b. enroll my child in school; and
 - c. provide a home, care, and supervision of my child at the home of _____.

This Power of Attorney does not authorize _____ to consent to marriage or adoption of _____.

I, _____, understand that I am legally obligated, pursuant to MINN. STAT. § 524.5-211(b) to mail or give a copy of this document to any other parent within 30 days of its execution unless:

- a. the other parent does not have visitation rights or has supervised visitation rights; or
- b. there is an existing order for protection under chapter 518B or similar law of another state in effect against the other parent to protect me.

IN TESTIMONY WHEREOF, I have hereunto set my hand this _____ day of _____, 200__.

Signature of Parent or Guardian

Subscribed and sworn to before me

this _____ day of _____, 200__

Notary Public

I hereby accept the foregoing Delegation of Parental Authority over _____.

Signature of Attorney in Fact