

After recording, return to (Name, Address, Zip):

-----  
-----  
-----

**Special Power of Attorney for Temporary Guardianship of Minor Child(ren)**

Grantor (Parent or Legal Guardian): -----  
Grantee (Attorney-in-Fact): -----  
Related Auditor No(s): -----

I, the undersigned, am a parent or legal guardian of:

Name	Date of Birth
-----	-----
-----	-----
-----	-----
-----	-----

who reside(s) with (check one)  me  someone other than me whose name is -----  
----- and who resides at

I hereby appoint -----,  
whose address is -----,  
and whose relationship to the minor child(ren), hereinafter "child," named above is -----  
-----, as my limited attorney-in-fact to be the temporary guardian,  
hereinafter "guardian," and provide residential care of the child for the purpose(s) of -----

-----, during a period of time beginning on -----  
and ending on -----, and including both of those dates.

Without otherwise limiting the general description of the purpose(s) set forth above, this special power of attorney includes the following special events, activities and/or travel arrangements, and  is  is not (indicate



which) limited to such: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Travel  is  is not (indicate which) limited to the following locale(s): \_\_\_\_\_  
\_\_\_\_\_

and  is  is not (indicate which) allowed outside of: \_\_\_\_\_

Anyone with questions or concerns about this permission and authorization or the duration thereof or the activities covered may contact (check all that apply):

me at (telephone) \_\_\_\_\_;

\_\_\_\_\_ at (telephone) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

ID No. \_\_\_\_\_ Group No. \_\_\_\_\_

Information regarding medication, special needs and/or care: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize guardian to obtain urgent or non-urgent medical care for the child and consent to any medical, surgical or diagnostic procedure or treatment deemed necessary.

DATED \_\_\_\_\_ SIGNATURE OF PARENT OR LEGAL GUARDIAN \_\_\_\_\_

TYPE OR PRINT NAME \_\_\_\_\_

STATE OF WASHINGTON, County of \_\_\_\_\_)ss.

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the individual who appeared before me, and who acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in the instrument.

\_\_\_\_\_  
Notary Public for Washington  
My appointment expires \_\_\_\_\_