

# NEW DAY TRANSPORT

## Specific Power of Attorney for Transport of a Minor Child

### I. Acknowledgements

Be it acknowledged, that I, \_\_\_\_\_, and individual, hereinafter “**Grantor**,” am the mother/father/legal guardian of \_\_\_\_\_, date of birth, \_\_\_\_\_, a minor, hereinafter referred to as “**Minor**.” Grantor does hereby grant limited and specific Power of Attorney to New Day Transport (subsidiary of New Day Family Services), a corporation, registered in the state of Georgia, it’s designated employees/Agents, hereinafter referred to as “**Attorney-in-Fact**” to effect the retention and transportation of my son/daughter with the intent that he/she be transported to the final destination known commonly as \_\_\_\_\_ school/program, City of \_\_\_\_\_, State of \_\_\_\_\_.

### II. Scope and Limit of Powers

Said **Attorney-in-Fact** shall have full power and authority to undertake and perform the following acts on **Grantor**’s behalf:

To apprehend, retain, and transport **Minor** from \_\_\_\_\_ to \_\_\_\_\_ on or about (day/date) \_\_\_\_\_.

To act on behalf of **Grantor** to ensure the adequate supervision, retention, and control of **Minor** during transportation with **grantor**’s intent being the safe transport of **Minor** as indicated above. To perform such incidental acts as are reasonably required carrying out and performing these specific authorities.

### III. Acceptance of Terms

The **Attorney-in-Fact**, through presentation of and/or reliance upon this document, agrees to accept this appointment subject to these terms and agrees to act and perform in said fiduciary capacity consistent with **Grantor**’s best interest as **Attorney-in-Fact**, in its discretion, deems advisable.

### IV. Duration and Revocation

This **Power of Attorney** is effective upon execution of transport. This Power of Attorney may be revoked by Grantor at anytime, and shall automatically be revoked upon the completion of the transportation of the herein described Minor to the herein described destination. Any persons relying on this Power of Attorney shall have full rights to accept and rely upon the authority of this Attorney-in-Fact until receipt of actual notice of revocation or termination as contained herein.

**V. Execution and Counter-Parts**

This Power of Attorney may be executed in counter-parts and transmitted via electronic means (ie. Fax machines or email). A copy of this document shall be deemed valid as an original.

Print Name \_\_\_\_\_

Signed: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

On this day, personally appeared before me

\_\_\_\_\_,  
to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_.

My commission expires \_\_\_\_\_.