

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 \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Parent or Guardian

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

I hereby accept the foregoing Delegation of Parental Authority over \_\_\_\_\_.

\_\_\_\_\_  
Signature of Attorney in Fact