

POWER OF ATTORNEY FOR CAREGIVER OF CHILD

WARNING: If there is a pending suit affecting the parent-child relationship concerning a child named in this Power of Attorney for Caregiver of Child, or other pending litigation in any court concerning custody, possession, or placement of the child, or access to or visitation with the child or if a court has continuing jurisdiction concerning the child, this Power of Attorney for Caregiver of Child cannot be executed unless the court by written order allows it to be executed.

1. PARENT INFORMATION.

My name is (print): _____

I am a parent of the child or children (hereinafter referred to as 'child') named in this Power of Attorney for Caregiver of Child.

My address: _____

Telephone number or best way to contact: _____

Driver's license number and issuing state or other form of identification:

Name of other parent: _____

Address: _____

Telephone number: _____

Required: (initial)

___ The other parent has signed this power of attorney.

___ The other parent has not signed this power of attorney because:



Note: If only one parent signs this power of attorney, the power of attorney must be witnessed by two witnesses to be effective.

2. ACKNOWLEDGMENT OF DISCLOSURE STATEMENT.

____ (initial) I have read and understand the information contained in the disclosure statement attached to and made part of this power of attorney.

____ (other parent initial) has read and understands the information contained in the disclosure statement attached to and made part of this power of attorney.

3. PRIOR COURT ORDERS CONCERNING CHILD (initial the correct choice).

____ NO court has issued orders about my child and there are no child support orders in effect with respect to my child.

____ A court HAS issued orders about my child:

Cause number: _____, _____ County, Texas.

____ The order grants me the right to determine the primary physical residence of my child.

____ I have provided my agent with a copy of the order.

4. DESIGNATION OF AGENT

I do hereby appoint (print name of agent) _____ as my agent to act on behalf of my child as stated below, unless I state otherwise in this document.

Agent's address: _____

Driver's license number and issuing state or other form of identification:

Telephone number or best way to contact: _____

5. CHILDREN COVERED BY THIS POWER OF ATTORNEY

Please provide the following information for each child for whom this power of attorney



is to be effective. Attach additional sheets if necessary.

Child's name (first, middle, last): _____

Date of birth: _____

6. POWERS (AREAS OF AUTHORITY).

My agent is hereby appointed in my place to perform the following acts on behalf of each child named above:

Initial ONLY those areas of authority that you wish your agent to have. Draw vertical or wavy lines through each area of authority that you do not want your agent to have.

____ To maintain physical possession of the child.

____ To designate the primary residence of the child in Texas (Note: if there are prior court orders that limit where your child can live, your agent is also limited by those orders).

____ To provide care, control, protection, and reasonable discipline of the child.

____ To direct the moral and religious training of the child.

____ To arrange for child care or preschool for the child, if appropriate.

____ To make decisions regarding the education of the child and to have access to the child's school records.

____ To register the child for school and to authorize the child's participation in school activities.

____ To make all necessary arrangements and to execute all necessary consents and forms for the child to participate in age-appropriate extracurricular activities, civic activities, social activities, club or organization memberships and activities, and recreational, sports, and athletic activities.

____ To arrange for the provision to the child of clothing, food, shelter, education, and



medical, psychiatric, psychological, dental, surgical, counseling, therapy, and rehabilitative services.

_____ To arrange for insurance as appropriate for the child to cover medical, psychiatric, psychological, dental, surgical, counseling, therapy, or rehabilitative services, and to arrange for appropriate accident, travel, or other insurance for the child.

_____ To consent to medical, psychiatric, psychological, dental, surgical, counseling, therapy, and rehabilitative services for the child and to have access to all records relating to those services.

_____ For the child, in regard to confidential information and protected health information, for the purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and any other law or rule requiring authority to consent to or obtain confidential information of any sort or protected health information, my agent is acting in loco parentis and can execute requests and authorizations regarding confidential information or protected health information for the child.

_____ To open and manage accounts at financial institutions for the child, with or without the name of the agent as co-signer on the account, as appropriate to the maturity of the child.

_____ To arrange for the child to obtain motor vehicle, boating, and other licenses and registrations, as appropriate to the maturity of the child.

_____ To co-sign or guarantee appropriate loans to the child by third parties for educational purposes or to purchase goods and services.

_____ To collect debts owing to the child, to pay debts owed by the child from the child's money, to defend suits against the child, and to pursue suits to benefit the child, but this does not waive the legal protection of the child under any law due to the child being a

minor.

____ To give consent for lawful employment appropriate to the age, interest, and capabilities of the child.

____ As permitted under applicable law, to arrange for and authorize travel out of state and out of country for the child and to execute necessary documents related to out-of-state and out-of-country travel.

7. ALLERGIES AND SPECIAL HEALTH NEEDS. (Attach additional sheets as necessary.)

The following children have the following allergies (including allergic reactions to medicines) or the following special health needs (including dietary needs):

8. LIMITATIONS ON AGENT (optional). (Attach additional sheets as necessary.)

Limitations on the decision-making authority and powers of my agent are as follows:

Except to the extent that I have geographically limited the exercise of one or more powers or areas of decision-making in the limitations section or elsewhere in this power of attorney, powers and authorities granted to my agent in this Power of Attorney for Caregiver of Child can be exercised both within and outside the State of Texas.

9. DESIGNATION OF ALTERNATE AGENT (optional).

If the person designated as my agent is unable or unwilling to continue to act as caregiver for my child, I designate the following person to serve as my agent to make decisions on behalf of my child:

Alternate agent:

Name: _____



Address: _____

Telephone number: _____

10. DURATION.

____ (initial) I understand that this power of attorney starts on the day I sign it and continues until it is revoked, or until the expiration date, whichever date occurs earlier. I understand that I can revoke this power of attorney at any time by revoking it in accordance with the revocation provisions.

The expiration date of this power of attorney is _____.

11. EFFECT OF SUBSEQUENT DISABILITY. Initial whichever statement is true and states your intent:

(Initial one space only)

____ This power of attorney is not affected merely due to my subsequent disability or incapacity and remains in effect until the expiration date or the date I revoke this power of attorney before the expiration date. If I am later determined by a court to be incapacitated, then the court may invalidate this power of attorney in whole or in part, or may leave it wholly unaffected.

____ This power of attorney becomes ineffective if I later become disabled or incapacitated or if I am later determined by a court to be incapacitated.

12. REVOCATION PROVISIONS.

This power of attorney revokes all prior Powers of Attorney for Caregiver of Child.

I understand that this power of attorney can only be revoked, by the parent or parents who signed it, in a writing witnessed by two witnesses who are at least 18 years of age, neither of whom is the agent, and at least one of whom is not related by blood or marriage to the child or the agent. I understand that a parent who did not sign the power



of attorney may revoke the power of attorney by executing a written statement that the parent is willing and able to make decisions regarding the parent's child. The written statement must be witnessed by two witnesses who are at least 18 years of age, neither of whom is the agent, and at least one of whom is not related by blood or marriage to the child or the agent.

13. ORIGINAL AND COPIES. The original of this Power of Attorney for Caregiver of Child is in the possession of: _____.

The following persons have a copy of this Power of Attorney for Caregiver of Child:

14. PRESENTATION. Unless otherwise limited in regard to methods of presentation, in the limitations section of this power of attorney, the agent named in this Power of Attorney for Caregiver of Child can present this power of attorney in person, by fax, by attachment to e-mail, or by copy sent by United States mail or delivery service.

15. SIGNATURES.

Parent: I have read the disclosure statement for the Power of Attorney for Caregiver of Child. I sign my name to this Power of Attorney for Caregiver of Child.

Signed on this ____ day of _____, 20____.

Parent's Signature _____

Printed Name _____



Other parent:

I have read the disclosure statement for the Power of Attorney for Caregiver of Child. I authorize the above parent to make this Power of Attorney for Caregiver of Child on behalf of my children named in this document.

Signed on this ____ day of _____, 20_____.

Other Parent's Signature _____

Printed Name _____

16. WITNESSES.

Witnesses are required for your power of attorney to be valid. Neither witness can be your agent. One witness cannot be a relative of the child or the agent.

First Witness:

I am at least 18 years of age and I am not the person appointed as the agent by this document. I am not related to the child or the agent by blood or marriage.

Signature: _____

Printed name: _____

Date: _____

Address: _____

Second Witness:

I am at least 18 years of age and I am not the person appointed as the agent by this document.

Signature: _____

Printed name: _____

Date: _____

Address: _____

