

Limited Power of Attorney for Child Care

I, _____, presently residing at _____, as the parent of _____, hereinafter referred to as my child, hereby delegate to _____, hereinafter referred to as my agent, the authority to act in my place and stead with respect to each of the following powers:

1. To enroll or withdraw my child from any school or similar institution;
2. To consent to any necessary medical treatment, surgery, medication, therapy, hospitalization or other such care of or for my child;
3. To employ, retain or discharge any person who may care for, counsel, treat or in any manner assist my child.
4. To exercise the same parental rights I may exercise with respect to the care, custody and control of my child, and the discretion to exercise the same rights in my agent's home or any other place selected by my agent in her discretion.
5. To perform all other acts necessary, or incidental to the execution of the powers enumerated herein;

Any lawful act performed by my agent shall be binding upon myself, my heirs, beneficiaries, personal representatives and assigns. I reserve the right to amend or revoke this Limited Power of Attorney at any time hereafter; provided, however, any institution or other party dealing with my agent may rely upon this Limited Power of Attorney until receipt by it of a duly executed copy of my revocation thereof.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Limited Power of Attorney. This Limited Power of Attorney shall not be affected by any legal incapacity during my lifetime, except as provided by statute.

This Limited Power of Attorney shall terminate upon a subsequent written revocation or on the following date _____, whichever shall occur first.

Dated: _____

Signature

Witnesses:

Signature: _____

Address: _____

Signature: _____

Address: _____

Notary:

State of Washington

County of Whatcom

On this _____ day of _____, 20____, before me, personally appeared _____, principal, and _____ and _____,

witnesses, who are personally known to me or who provided as identification, and signed the foregoing instrument in my presence.

Notary Public

My Commission expires: _____