Durable Power of Attorney for Parental Powers

1. Parents and Child

Parent 1 (*name*) _____

Parent 2, if any (*name*) _____

I am / We are age 18 or older and live in Washington State. I am / we are parent/s of the following child:

(*Child's name*): _____

(*Child's date of birth*) _____

2. Agent

I / We choose *(name/s)* _____ as my / our Agent with the authority described in this power of attorney.

[ ] **Alternate (optional).** If the agent named above is unable or unwilling to act, I / we choose (*name*): _____ as my / our Agent with the authority described in this power of attorney.

The Alternate's authority is only temporary until the child can be placed with the first person I named as Agent.

3. Start Date

This power of attorney is effective (*check one*):

[ ] Immediately.

[ ] Only if I am / we are physically unavailable to care for the child AND my / our Agent signs a statement explaining how they know this is true.

4. End Date

Unless I / we revoke it before it expires, this authorization lasts until (*check one*):

[ ] 24 months from the start date.

[ ] (*Date no later than 24 months after the start date*): _____.

If both parents signed, either parent can revoke this power of attorney and end this authorization at any time by telling the Agent in writing that it is revoked..

5. Durable

My / our Agent can use this power of attorney even if I / we become sick or injured and cannot make decisions for myself / ourselves.

6. Powers. I / We give the Agent the following authority and power:

a. Residential Care (Custody)

[ ] I / We authorize our child to remain in the residential care of the Agent. The address the child will live at is

_____

[ ] I / We do **not** authorize the child to reside with the Agent.

b. Health Care

[ ] **HIPAA Release** – I / We authorize my child's healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to the Agent.

[ ] I / We give authority to the Agent to make the following health care decisions for the child (*check all that apply*):

[ ] Get and provide all necessary health care, including but not limited to evaluations and treatment, emergency and routine medical and dental care, early periodic screening, diagnosis and treatment examinations and immunizations as needed.

[ ] Consent to emergent medical care as is necessary to prevent death or serious injury to the child.

[ ] Consent to non-emergent medical treatments, including surgery.

[ ] Consent to mental health care and substance abuse evaluations and treatment as needed and recommended.

[ ] Manage prescribed and over-the-counter medications and to dispense and delegate dispensing.

[ ] Other: _____

_____

[ ] I / We do **not** authorize health care consent.

c. Child Care, School, Activities

[ ] I / We authorize this Agent to make decisions on all other issues regarding the child, including but not limited to (*check all that apply*):

[ ] Enrolling in child care.

[ ] Enrolling in school and participating in educational decisions.

[ ] Enrolling in extracurricular activities, field trips, and camps and signing the necessary releases allowing them to attend.

[ ] Making routine day-to-day decisions on behalf of the child, including religious practices, social life, personal care, haircuts, piercings, or tattoos.

[ ] I / We do **not** authorize the following:

_____

_____

d. Travel

[ ] I / We authorize the Agent to do the following travel with the child (*check all that apply*):

[ ] The Agent can take the child out of Washington State for travel with the following restrictions (if any):

_____

[ ] The Agent can take the child across international borders, from the United States to (*place/s*): _____
with the following restrictions, if any *(examples: for vacation or visits only)*:

_____

[ ] The Agent has the right to apply for and renew a passport for the child.

[ ] I / We do **not** authorize the following travel:

_____

e. Property

[ ] I / We authorize this Agent to make decisions about the child's property, benefits, and money.

[ ] I / We do **not** authorize this Agent to make decisions about the child's property, benefits, and money.

7. **Parent's Authority** *(check one):*

[ ] Both parents agree and are signing this Power of Attorney.

[ ] I am the only parent on the child's birth certificate.

[ ] The other parent *(name)* _____ has **not** signed this Power of Attorney because (*check all that apply*):

[ ] I have sole decision-making authority from a court-ordered Parenting Plan.

[ ] It is not safe for me to ask them. I have a protection order against them.

[ ] They are incarcerated.

[ ] They abandoned the child.

[ ] They died.

8. Other

_____

_____

9. Acknowledgment

I am / we are signing of my / our own free will for the purposes stated in this document.

▶ _____	▶ _____
Signature of Parent 1 *Date*	*Signature of Parent 2 (if any)* *Date*
In front of a notary or witnesses	*In front of a notary or witnesses*
_____	_____
Print name	*Print name (if any)*

Important! *Parent/s must sign in front of a notary* ***or*** *two witnesses. Witnesses must:*

- *Not be the Agent or Alternate*
- *Not be related to the parent/s by blood, marriage, or state registered domestic partnership*
- *Not be a care provider for the parent/s (in-home or residential facility)*

Notarization (preferred)

State of Washington
County of _____

This document was acknowledged before me on (*date*) _____

by (*name/s*) _____.

_____
Signature of Notary

Notary Public for the State of Washington.

My commission expires _____.

Statement of Witnesses (only if you cannot find a notary)

On (*date*): _____, (*name/s*): _____ signed this document in my presence. I agreed to witness their signature at their request.

- I am not the Agent or Alternate.
- I am not related to this person by blood, marriage, or state registered domestic partnership.
- I do not provide care for this person at home or in a long-term care facility.

Witness 1

_____
Signature

Print name: _____

Address: _____

_____

Phone: _____

Witness 2

_____
Signature

Print name: _____

Address: _____

_____

Phone: _____

Agent Acknowledgement (Optional)

I acknowledge receipt of the Power of Attorney and consent to the terms and placement of the child in my care.

_____ _____
Signature of Agent *Date*

_____
Print name

_____ _____
Signature of Alternate (if any) *Date*

_____
Print name (if any)