

**POWER OF ATTORNEY FOR THE CARE OF CHILDREN**

KNOW ALL PERSONS BY THESE PRESENTS:

We \_\_\_\_\_ (“Father”) and  
\_\_\_\_\_ (“Mother”), jointly referred to as  
“Parents” or “Principals”, maintaining an address at:

\_\_\_\_\_ hereby make and appoint  
\_\_\_\_\_ (“Attorney-in-Fact”) maintaining an  
address at: \_\_\_\_\_ as our true  
and lawful agent and attorney-in-fact for us and in our name, and in our behalf to act as  
the guardian of our minor child/children:

- Name: \_\_\_\_\_ born on \_\_\_\_\_
- Name: \_\_\_\_\_ born on \_\_\_\_\_
- Name: \_\_\_\_\_ born on \_\_\_\_\_
- Name: \_\_\_\_\_ born on \_\_\_\_\_
- Name: \_\_\_\_\_ born on \_\_\_\_\_
- Name: \_\_\_\_\_ born on \_\_\_\_\_

The above named Attorney-in-Fact shall have the power and authority to act entirely in loco parentis and to do all acts necessary or desirable for maintaining the health, education, and welfare of our above named child/children, including, but not limited to, the powers to:

1. Provide for, approve, authorize and decline any health care at any hospital or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent, release or waiver of liability required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to our child/children. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.
2. Determine the education of our child/children and to register and enroll our child/children in any educational programs, schools and extracurricular activities; review any school records of the child/children; allow our child/children to participate in activities and events offered by any group, organization or educational facility.
3. Maintain the customary living standard of the child/children, including, but not limited to, provisions of living quarters, food, clothing, entertainment and other customary matters.
4. Request, ask, demand, sue and take any and all legal steps necessary on behalf of our child/children and to adjust, compromise and settle any claim, our child/children may have against any other person or entity.

5. Apply for, purchase, maintain and/or deal with any health and other insurance for our child/children and to make and file any medical or other type of claim against any health or other type of insurance company.

6. Endorse and execute any documents necessary for the performance of the powers granted by this document, including but not limited to consent forms, releases, waivers, insurance documents, claims, agreements, contracts and legal documents.

Notwithstanding other provisions in this Power of Attorney, Attorney-in-Fact shall *not*

(i) have the authority to withhold or withdraw life sustaining procedures for any child/children;

(ii) have the power to consent to the marriage of our child/children;

(iii) have the power to consent to the adoption of our child/children.

This power of attorney shall be in effect from \_\_\_\_\_ to \_\_\_\_\_ (“expiration date”).

By signing here, we indicate that we are fully informed as to the contents of this document and understand the full import of this grant of powers to the Attorney-in-Fact named herein.

We hereby ratify and confirm all acts by the Attorney-in-Fact done by virtue of this power of attorney and the rights hereby granted.

The Attorney-in-Fact shall be entitled to reimbursement of all reasonable expenses incurred as a result of carrying out any provision of this Power of Attorney.

If any part of this document is held to be invalid, illegal or unenforceable under applicable law, then the remaining unaffected parts of the document shall still remain in full force and effect and not be affected by any partial invalidity.

Any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation. We agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. If this Power of Attorney is terminated by operation of law, any person relying in good faith on the authority of this document, without notice of such termination, shall be held harmless.

We may revoke this Power of Attorney before the expiration date at any time by providing written notice to the Attorney-in-Fact.

Signed on \_\_\_\_\_ (date), at \_\_\_\_\_ (city), Indiana.

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Signature of Mother

Witness Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_

Witness Signature: \_\_\_\_\_  
Name: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_

State of INDIANA, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_ (name of Principal), who is personally known to me or who has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of person taking acknowledgment  
(Notary Public)

\_\_\_\_\_  
Name typed, printed, or stamped

Date my commission expires: \_\_\_\_\_

County of Residence: \_\_\_\_\_