



POWER OF ATTORNEY DELEGATING PARENTAL POWER

As authorized by s. 48.979, Wis. Stats.

This power of attorney is for the purpose of providing for the care and custody of the following child(ren):

CHILD NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

CHILD NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____

DELEGATION OF POWER TO AGENT

I, _____ (parent name) of _____ (parent address) state that I have legal custody of the child(ren) named above. (Only a parent who has legal custody may use this form.) A parent may not use this form to delegate parental powers regarding a child who is subject to the jurisdiction of the juvenile court under s. 48.13, 48.14, 938.12, 938.13, or 938.14, Wis. Stats.

I delegate my parental power to:

Name of agent: _____

Agent's address: _____

Agent's telephone number(s): _____

Agent's e-mail address or additional contacts: _____

The Relationship of the agent to child(ren) is: _____

The parental power I am delegating is as follows:

HEALTH CARE DECISIONS DELEGATED AS FOLLOWS:

- ☐ The power to consent to all health care; or
- ☐ The power to consent to only the following health care;
 - ☐ Ordinary or routine health care, excluding major surgical procedures, extraordinary procedures, and experimental treatment;
 - ☐ Emergency blood transfusion;
 - ☐ Dental care;
 - ☐ Disclosure of health information about the child(ren).

Other specifically delegated powers or limits on delegated powers: _____

This delegation of parental powers does not deprive a custodial or noncustodial parent of any of his or her powers regarding the care and custody of the child, whether granted by court order or force of law.

THIS DOCUMENT MAY NOT BE USED TO DELEGATE THE POWER TO CONSENT TO THE MARRIAGE OR ADOPTION OF THE CHILD(REN), THE PERFORMANCE OR INDUCEMENT OF AN ABORTION ON OR FOR THE CHILD(REN), THE TERMINATION OF PARENTAL RIGHTS TO THE CHILD(REN), THE ENLISTMENT OF THE CHILD(REN) IN THE U.S. ARMED FORCES OR TO PLACE THE CHILD(REN) IN A FOSTER HOME, GROUP HOME, SHELTER CARE FACILITY, OR INPATIENT TREATMENT FACILITY.



EFFECTIVE DATE AND TERM OF THIS DELEGATION

This Power of Attorney takes effect on _____, and will remain in effect until _____ (day/month/year).

If no termination date is given or if the termination date given is more than one year after the effective date of this Power of Attorney and the Agent is not a relative* of the child(ren), this Power of Attorney will remain in effect for a period of one year after the effective date, but no longer. If the termination date given is more than one year after the effective date of this Power of Attorney, the Agent must either be a relative* of the child(ren) or the Power of Attorney must be approved by a juvenile court. This Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the child(ren) and such a revocation invalidates the delegation of parental powers made by this Power of Attorney, except with respect to acts already taken in reliance on this Power of Attorney.

SIGNATURE(S) OF PARENT(S)

PARENT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

PARENT'S NAME PRINTED

PARENT'S NAME PRINTED

PARENT'S ADDRESS

PARENT'S ADDRESS

PARENT'S TELEPHONE NUMBER(S)

PARENT'S TELEPHONE NUMBER(S)

PARENT'S E-MAIL ADDRESS

PARENT'S E-MAIL ADDRESS

STATEMENT OF AGENT

I, _____ (name and address of agent),
understand that _____ (name(s) of parent(s)) has (have) delegated to me the powers
specified in this Power of Attorney regarding the care and custody of _____
(names of child(ren)).

I further understand that this Power of Attorney may be revoked in writing at any time by a parent who has legal custody of
_____ (names of child(ren)).

I hereby declare that I have read this Power of Attorney, understand the powers delegated to me by this Power of Attorney, am
fit, willing, and able to undertake those powers, and accept those powers.

AGENT SIGNATURE

DATE: _____



APPENDIX

Here the parent(s) may indicate where they may be located during the term of the Power of Attorney if different from the address(es) set forth above.

<input type="checkbox"/> I can be located at:	<input type="checkbox"/> Or By contacting:
Address(es):	Name:
Telephone:	Address:
E-mail Address:	Phone:
	E-mail Address:
<input type="checkbox"/> Or I cannot be located	

*A "relative" means a parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, sister-in-law, first cousin, 2nd cousin, nephew, niece, uncle, aunt, step uncle, step aunt, grandparent, great grandparent, great uncle, or great aunt.

REVOCATION

I hereby revoke the delegation of parental power created by me on _____ [insert date].

I understand that this Power of Attorney Delegating Parental Rights will no longer be valid and that the agent named above has been notified as of the date of revocation.

Signature of Parent

Date

Printed Name of Parent