

# NEW JERSEY MINOR CHILD POWER OF ATTORNEY

This power of attorney is made on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(mother, father, or guardian – circle all that apply),

BETWEEN: \_\_\_\_\_

whose address is \_\_\_\_\_

AND: \_\_\_\_\_

(alternative caregiver, referred to here as the “attorney in fact”)

whose address is \_\_\_\_\_

If only one parent is signing, please check off reason:

Death of one parent

Custody has been removed by a court of law

Mentally or physically unable to give consent

Abandonment of one parent

Parent resides out of the country and cannot be reached

Other please explain:

\_\_\_\_\_

**I/we appoint said attorney in fact, pursuant to the provisions of N.J.S.A. 3B:12-39, and delegate to said attorney in fact the following powers concerning the care, custody and property of my/our child**

\_\_\_\_\_ (“the child”), born on

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Care-Giving.** The attorney in fact shall have temporary care-giving authority for the child, until such time as the child is returned to our/my physical custody, or his/her custody status is altered by a federal, state, or local agency; or changed by a court of law.

**Well-Being.** The attorney in fact shall have the power to provide for the child’s physical and mental well-being, including but not limited to providing food and shelter.

\_\_\_ **Education.** The attorney in fact shall have the authority to enroll the child in the appropriate education institutions; obtain access to the child's academic records; authorize the child's participation in school activities; and make any and all decisions related to the child's education, including, but not limited to, those related to special education.

If the first three authorities are checked this shall mean that the child's parent/guardian is not capable of supporting or providing care for the child due to family or economic hardship.

\_\_\_ **Health Care.** The attorney in fact shall have the authority, to the same extent that a parent would have the authority, to make medical, dental, and mental health decisions; to sign documents, waivers and releases required by a hospital or physician; to access medical, dental, or mental health records concerning the child; to authorize the child's admission to or discharge from any hospital or medical care facility; to consult with any provider of health care; to consent to the provision, withholding, modification or withdrawal of any health care procedure; and to make other decisions related to the child's health care needs.

\_\_\_ **Travel.** The attorney in fact shall have the authority to make travel arrangements on behalf of the child for destinations both inside and outside of the United States by air and/or ground transportation; to accompany the child on any such trips; and to make any and all related arrangements on behalf of the child, including but not limited to, hotel accommodations.

\_\_\_ **Financial Interests.** The attorney in fact may handle any and all financial affairs and any and all personal and legal matters concerning the child.

\_\_\_ **All Other Powers.** The attorney in fact shall have the authority to handle and engage in any and all other matters relating to the care, custody and property of the child which are permitted pursuant to applicable state law.

**Either parent/guardian reserves the right to revoke this Power of Attorney at any time.**

**Signatures of Parent(s)**

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

\_\_\_\_\_  
Date signed by Mother

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

\_\_\_\_\_  
Date signed by Father

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date signed by Guardian

**Signatures of Witnesses**

\_\_\_\_\_  
Signature of Witness #1

\_\_\_\_\_  
Date

Witnessed signature by (check all that apply)

- mother
- father
- guardian

\_\_\_\_\_  
Signature of Witness #2

\_\_\_\_\_  
Date

Witnessed signature by (check all that apply)

- mother
- father
- guardian

STATE OF NEW JERSEY :

ss.:

COUNTY OF \_\_\_\_\_ :

BE IT REMEMBERED, that on \_\_\_\_\_, 2017, before me, the subscriber, a Notary Public of the State of New Jersey, personally appeared \_\_\_\_\_, who, I am satisfied, is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

\_\_\_\_\_  
Notary Public

STATE OF NEW JERSEY :

ss.:

COUNTY OF \_\_\_\_\_ :

BE IT REMEMBERED, that on \_\_\_\_\_, 2017, before me, the subscriber, a Notary Public of the State of New Jersey, personally appeared \_\_\_\_\_, who, I am satisfied, is the person named in and who executed the foregoing Durable Power of Attorney, and he/she did acknowledge that he/she executed it as his/her voluntary act for the uses and purposes expressed therein.

\_\_\_\_\_  
Notary Public

**INFORMATION SHEET (complete one for each child)**

Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_

Father's Phone: \_\_\_\_\_

Emergency Contact #1:

Name: \_\_\_\_\_

Relationship to family: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2:

Name: \_\_\_\_\_

Relationship to family: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_

Insurance Policy Name and #: \_\_\_\_\_

Known Medical Conditions of Child:

\_\_\_\_\_  
\_\_\_\_\_

Any medications that child takes:

\_\_\_\_\_

Any allergies of child: \_\_\_\_\_

Last tetanus immunization: \_\_\_\_\_

A# of mother (if any) \_\_\_\_\_

A# of father (if any) \_\_\_\_\_

A# of child (if any) \_\_\_\_\_

Any other important information about child?