

**POWER OF ATTORNEY**  
**DELEGATING PARENTAL POWER**

*AUTHORIZED BY S. 48.979, WIS. STATS.*

This power of attorney is for the purpose of providing for the care and custody of

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

(Name, date of birth and address of child/ren).

**DELEGATION OF POWER TO AGENT**

I, \_\_\_\_\_

(name and address of parent), 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, address, phone and relation to child/ren).

**FULL**

*(Check if you want to delegate full parental power regarding the care and custody of the child/ren names above.)*

\_\_\_ Full parental power regarding the care and custody of the child/ren named above

**PARTIAL**

*(Check each subject over which you want to delegate your parental power regarding the child/ren named above.)*

- 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
- The power to consent to educational and vocational services
- The power to consent to the employment of the child/ren
- The power to consent to the disclosure of confidential information, other than health information, about the child/ren
- The power to provide for the care and custody of the child/ren
- The power to consent to the child/ren obtaining a motor vehicle operator's license
- The power to travel with the child/ren outside the state of Wisconsin
- The power to obtain substitute care, such as child care, for the child/ren
- Other specifically delegated powers or limits on delegated powers

*(Fill in the following space or attach a separate sheet describing any other specific powers that you wish to delegate or any limits that you wish to place on the powers you are delegating.)*

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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, OR INPATIENT TREATMENT FACILITY.

**EFFECTIVE DATE AND TERM  
OF THIS DELEGATION**

This Power of Attorney takes effect on \_\_\_\_\_, 20\_\_ and will remain in effect until \_\_\_\_\_, 20\_\_ . 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, this Power of Attorney will remain in effect for a period of one year after the effective date, but no longer. 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 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)**

Signature of parent: \_\_\_\_\_ Date \_\_\_\_\_

Parent's name printed: \_\_\_\_\_

Parent's address: \_\_\_\_\_

Parent's telephone number: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date \_\_\_\_\_

Parent's name printed: \_\_\_\_\_

Parent's address: \_\_\_\_\_

Parent's telephone number: \_\_\_\_\_

Parent's e-mail address: \_\_\_\_\_

**WITNESSING OF SIGNATURES(S) (OPTIONAL)**

State of Wisconsin )

) ss.

County of Dane )

This document was signed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

by \_\_\_\_\_

(Name of Parents).

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Name Printed

My commission is permanent/expires: \_\_\_\_\_

**STATEMENT OF AGENT**

I, \_\_\_\_\_  
(Name and address of agent), understand that \_\_\_\_\_  
\_\_\_\_\_ (Names(s) of parent(s)) has/have delegated to me the  
powers specified in this Power of Attorney regarding the care and custody of

\_\_\_\_\_  
(Name(s) 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 \_\_\_\_\_

\_\_\_\_\_  
(Name(s) 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's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's 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.)*

\_\_\_\_ I can be located at: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Or, by contacting: \_\_\_\_\_

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\_\_\_\_ Or, I cannot be located