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How to Complete Your Pennsylvania Power of Attorney for a Minor Child

Delegation of Parental Authority to a Caregiver

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Parents use this form to let a grandparent, relative or trusted adult care for their child while the parents are away, such as consenting to medical care, handling school matters, or traveling with the child. It does not change custody.

1. **Sign the Notice page (Page 1)**
   Pennsylvania requires this Notice on every power of attorney.
2. **List parents, children and the caregiver (Parts 1–3)**
   Use full legal names and dates of birth.
3. **Check the authority you grant (Part 4)**
   Schools and doctors look for the specific box. Check international travel only if needed.
4. **Set the dates (Part 5)**
   Choose a clear start and end date.
5. **Sign before a notary and two witnesses**
   Both parents should sign if possible. Bring a current government photo ID.
6. **Caregiver signs the Acknowledgment**
   The caregiver signs the agent acknowledgment page.

Signing requirements: Notary and two adult witnesses. The caregiver (agent) and the notary cannot be witnesses.

After It's Signed

- Give copies to the caregiver, school and doctor. Keep the original.
- For travel out of the country, also bring a Minor Child Travel Consent and the child's passport.

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Have questions about your Power of Attorney for a Minor Child? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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POWER OF ATTORNEY — NOTICE

(20 Pa.C.S. § 5601(c) — must appear at the beginning of the power of attorney and be signed by the principal)

THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE PERSON YOU DESIGNATE (YOUR "AGENT") BROAD POWERS TO HANDLE YOUR PROPERTY, WHICH MAY INCLUDE POWERS TO SELL OR OTHERWISE DISPOSE OF ANY REAL OR PERSONAL PROPERTY WITHOUT ADVANCE NOTICE TO YOU OR APPROVAL BY YOU.

THIS POWER OF ATTORNEY DOES NOT IMPOSE A DUTY ON YOUR AGENT TO EXERCISE GRANTED POWERS, BUT, WHEN POWERS ARE EXERCISED, YOUR AGENT MUST USE DUE CARE TO ACT FOR YOUR BENEFIT AND IN ACCORDANCE WITH THIS POWER OF ATTORNEY.

YOUR AGENT MAY EXERCISE THE POWERS GIVEN HERE THROUGHOUT YOUR LIFETIME, EVEN AFTER YOU BECOME INCAPACITATED, UNLESS YOU EXPRESSLY LIMIT THE DURATION OF THESE POWERS OR YOU REVOKE THESE POWERS OR A COURT ACTING ON YOUR BEHALF TERMINATES YOUR AGENT'S AUTHORITY.

YOUR AGENT MUST ACT IN ACCORDANCE WITH YOUR REASONABLE EXPECTATIONS TO THE EXTENT ACTUALLY KNOWN BY YOUR AGENT AND, OTHERWISE, IN YOUR BEST INTEREST, ACT IN GOOD FAITH AND ACT ONLY WITHIN THE SCOPE OF AUTHORITY GRANTED BY YOU IN THE POWER OF ATTORNEY.

THE LAW PERMITS YOU, IF YOU CHOOSE, TO GRANT BROAD AUTHORITY TO AN AGENT UNDER POWER OF ATTORNEY, INCLUDING THE ABILITY TO GIVE AWAY ALL OF YOUR PROPERTY WHILE YOU ARE ALIVE OR TO SUBSTANTIALLY CHANGE HOW YOUR PROPERTY IS DISTRIBUTED AT YOUR DEATH. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD SEEK THE ADVICE OF AN ATTORNEY AT LAW TO MAKE SURE YOU UNDERSTAND IT.

A COURT CAN TAKE AWAY THE POWERS OF YOUR AGENT IF IT FINDS YOUR AGENT IS NOT ACTING PROPERLY.

THE POWERS AND DUTIES OF AN AGENT UNDER A POWER OF ATTORNEY ARE EXPLAINED MORE FULLY IN 20 PA.C.S. CH. 56.

IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK A LAWYER OF YOUR OWN CHOOSING TO EXPLAIN IT TO YOU.

I HAVE READ OR HAD EXPLAINED TO ME THIS NOTICE AND I UNDERSTAND ITS CONTENTS.

X _____

Principal signature

Date

Principal printed name

Initials: _____

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POWER OF ATTORNEY FOR CARE OF A MINOR CHILD

Commonwealth of Pennsylvania • Delegation of Parental Authority

1. PARENT(S) OR LEGAL GUARDIAN(S)

Parent / guardian 1 name

Phone

Parent / guardian 2 name (if any)

Phone

Address

2. CHILD(REN)

Child name

Date of birth

Child name

Date of birth

Child name

Date of birth

3. AGENT (CAREGIVER)

Agent name

Relationship to child

Phone

Agent address

4. AUTHORITY (check each that applies)

I/we authorize the agent to act in my/our place as parent for the child(ren) named above with respect to:

- ☐ Medical, dental, vision and mental health care, including consent to examination and treatment, and access to health records.
- ☐ School enrollment, attendance, records, conferences, activities and educational decisions.
- ☐ Travel with the child(ren) within the United States.
- ☐ International travel with the child(ren), including passport and border matters.
- ☐ Extracurricular, sports, camp and day-care activities, including signing permission slips and releases.
- ☐ Day-to-day care, supervision, and custody of the child(ren) while in the agent's care.
- ☐ Other (describe):

This power of attorney does not authorize the agent to consent to the marriage or adoption of a child, and it does not change custody, child support or any court order.

5. DURATION

Effective date

Ends on (date), unless revoked earlier

I/we may revoke this power of attorney at any time in writing. It ends automatically when the child reaches 18.

Initials: _____

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6. SIGNATURES OF PARENT(S)

X _____ Date _____

Parent / guardian 1 signature

X _____ Date _____

Parent / guardian 2 signature (if any)

Witnesses

Witnesses. We, the undersigned, are each 18 years of age or older. The principal signed (or acknowledged signing) this power of attorney in our presence. Neither of us is the agent named in this power of attorney, the notary public taking the acknowledgment, or a person who signed on behalf of a parent (20 Pa.C.S. § 5601(b)(3)(ii)).

X _____ Date _____

Witness 1 signature

Witness 1 printed name _____ Witness 1 address _____

X _____ Date _____

Witness 2 signature

Witness 2 printed name _____ Witness 2 address _____

ACKNOWLEDGMENT

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF _____

This record was acknowledged before me on _____ (date) by _____ (name(s) of individual(s)).

X _____

Signature of notarial officer

(Notary seal)

Title of office (e.g., Notary Public) _____

My commission expires _____ Commission number _____

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AGENT ACKNOWLEDGMENT

ACKNOWLEDGMENT EXECUTED BY AGENT

(20 Pa.C.S. § 5601(d) — the agent has no authority to act until this acknowledgment is signed and attached)

Agent printed name

I, the person named above, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that when I act as agent:

I shall act in accordance with the principal's reasonable expectations to the extent actually known by me and, otherwise, in the principal's best interest, act in good faith and act only within the scope of authority granted to me by the principal in the power of attorney.

X _____

Agent signature

Date

Agent acceptance. I accept this appointment and agree to care for the child(ren) named above and to act in their best interest.

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