How to Complete Your Washington Parental Power of Attorney

Parental Power of Attorney for a Minor Child (Washington)

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

About this form. A parental power of attorney lets a parent or guardian authorize another adult to care for a child, consent to medical care, and handle school matters while the parent is away.

1. **Fill in the child and agent (Page 1)**
   List each child and the adult who will care for them, and set the start and end dates.
2. **Sign before a notary (Page 2)**
   Schools and doctors usually require a notarized power of attorney. Bring a current, government-issued photo ID for each parent signing.

After It's Signed

- Give the original to the agent and copies to the school and doctors. For a long-term arrangement, a court guardianship may be needed.

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Washington-Commissioned Notaries

SCAN TO BOOK

Questions about this document? Talk to an attorney. Gavrilov & Brooks Law Firm has attorneys licensed in multiple states. Phone and video consultations are available, wherever you are. **(916) 504-0529** · **www.gavrilovlaw.com**

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YOUR FORM BEGINS ON THE NEXT PAGE

PARENTAL POWER OF ATTORNEY FOR A MINOR CHILD

(RCW 11.125 and RCW 7.70.065)

I/We,

Parent / guardian

Second parent / guardian (if signing)

Address and telephone

the parent(s) or guardian(s) of the following minor child(ren):

Name of child — Date of birth

Name of child — Date of birth

Name of child — Date of birth

delegate to the following person (the “agent”):

Name of agent — Address — Telephone

my/our powers regarding the care, custody, and property of the child(ren), including to consent to medical, dental, and mental health care, to enroll the child(ren) in school and activities, and to obtain records, **except** the power to consent to marriage or adoption, and except as limited below:

Limitations (optional)

This delegation is effective from

Start date

End date

I/we may revoke this delegation at any time. It does not transfer legal custody of the child(ren).

Parent's initials: _____

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Date

X
Parent / guardian

X
Second parent / guardian

NOTARY ACKNOWLEDGMENT

STATE OF WASHINGTON)
) **ss.**
COUNTY OF)

This record was acknowledged before me on

(date) by (name of the parent(s) or guardian(s))

X
Notary Public

(Notary seal)

Notary's printed name

Title (Notary Public, State of Washington) My commission expires

ACCEPTANCE BY AGENT (optional). I accept this delegation and agree to care for the child(ren) in good faith.

X
Agent

Date

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