**Power of Attorney for the Care of a Minor Child**

**(Pursuant to Georgia Code Title 19, Chapter 9, Article 4)**

**THIS DOCUMENT DOES NOT AUTHORIZE THE ATTORNEY-IN-FACT TO CONSENT TO THE MARRIAGE OR ADOPTION OF THE MINOR CHILD(REN).**

**1. Parties Involved:**

**Grantor/Parent(s):**
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attorney-in-Fact (Caregiver):**
Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child(ren):**

* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Authority Granted:**

I/We, the undersigned parent(s), hereby appoint the above-listed Attorney-in-Fact to act in my/our place and stead to make all decisions concerning the care, custody, and control of the minor child(ren) listed above, including but not limited to:

* Enrolling the child(ren) in school or extracurricular activities.
* Seeking medical, dental, or psychological treatment.
* Providing food, clothing, and shelter.
* Managing day-to-day welfare and safety.

**3. Duration of Authority:**

This Power of Attorney is effective on \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (start date) and shall remain in effect until \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (end date, no more than one year), unless terminated earlier in writing or extended in compliance with Georgia law.

**4. Revocation:**

I/We retain the right to revoke this Power of Attorney at any time by providing written notice to the Attorney-in-Fact.

**5. Limitations:**

This Power of Attorney does not grant the Attorney-in-Fact the authority to:

* Consent to the marriage or adoption of the child(ren).
* Transfer permanent custody of the child(ren).

**6. Signatures and Acknowledgments:**

**Grantor/Parent(s):**
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attorney-in-Fact (Caregiver):**
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Witness and Notary Acknowledgment:**

State of Georgia
County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_\_\_**, 20**.

**Witness:**
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public:**
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_