

# Special Power of Attorney

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

I, **[Your Full Name]**, residing at **[Your Address]**, hereby appoint **[Agent's Full Name]**, residing at **[Agent's Address]**, as my Attorney-in-Fact to act on my behalf regarding all parental rights and responsibilities concerning my child/children.

This special power of attorney is granted for the following purposes:

- Making decisions related to education and schooling.
- Making healthcare decisions.
- Representing me in any legal matters concerning my child/children.
- Communicating with schools, healthcare providers, and other necessary entities.

This power of attorney shall be effective as of **[Start Date]** and shall remain in effect until **[End Date]**, unless revoked by me in writing prior to said date.

Signed this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

**[Your Full Name]**

Witnessed by:

\_\_\_\_\_

**[Witness Full Name]**

Notarized by:

\_\_\_\_\_

**[Notary Public Full Name]**