

**WISCONSIN STATUTORY FORM  
POWER OF ATTORNEY  
DELEGATING PARENTAL POWER**  
*Authorized by S. 48.979 Wis. Stats.*

**Name(s) of Child(ren):** \_\_\_\_\_

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

*[Name, address, and date of birth of each child.....]*

**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 number, e-mail and relationship of agent to child(ren)]*

The parental power I am delegating is as follows:

**FULL**

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 space or attach separate sheet describing any other specific powers]*

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 \_\_\_\_\_ and will remain in effect until \_\_\_\_\_. 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 a 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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
**Name/address/phone number/e-mail of Parent**

***[Witnessing of Signatures –Optional]***

The undersigned witnesses certify that \_\_\_\_\_ is/are known to us to be the same person(s) whose name(s) is/are subscribed as parent(s) to the foregoing power of attorney, appeared before us and the notary public and acknowledged signing and delivering the instrument as the free and voluntary act of the said parent(s), for the uses and purposes therein set forth, and that I believe him/her/them to be of sound mind and memory.

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

STATE OF WISCONSIN )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

The undersigned, a notary public in and for the above county and state, certifies that \_\_\_\_\_, known to me to be the same person whose name is subscribed as principal to the foregoing power of attorney, appeared before me and the additional witness in person and acknowledged signing and delivering the instrument as the free and voluntary act of the principal, for the uses and purposes therein set forth.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
\*Notary Public, State of Wisconsin  
My commission is permanent/expires: \_\_\_\_\_

**STATEMENT OF AGENT**

I, \_\_\_\_\_ (name/address of agent), understand that \_\_\_\_\_ (name(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.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Agent's Name

**APPENDIX**

*(Here the parent(s) may indicate where they may be located during the term of the Power of Attorney if different from the addresses set forth above.)*

I can be located at:

\_\_\_\_\_  
(Address/Phone/Email)

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