## 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.
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)
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## [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 )

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.

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

Dated this \_\_\_\_\_\_, 2017.

Dated this \_\_\_\_\_\_ day of \_\_\_\_\_\_, 2017.

COUNTY OF \_\_\_\_\_

## STATEMENT OF AGENT

I, (name	e/address of age	nt), understand tha	at	_ (name(s) of
parent(s)) has (have) delegate	ed to me the pov	vers specified in th	nis Power of Attor	ney regarding
the care and custody of	(nan	ne(s) of child(ren)	). I further unders	stand that this
Power of Attorney may be re	voked in writing	at any time by a	parent who has leg	gal custody of
(name(s)	of child(ren)).	I hereby declare	that I have read	this Power of
Attorney, understand the pow	vers delegated to	me by this Power	of Attorney, am fi	t, willing, and
able to undertake those power	rs, and accept the	se powers.		

Agent's Name

## **APPENDIX**

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

I can be located at:	
(Address/Phone/Email)	

This document was drafted by Attorney John L. Maier, Jr., State Bar #1016034, Sweet& Maier, S.C., Attorneys at Law, Elkhorn, Wisconsin53121-0318, (262) 723-5480