

**POWER OF ATTORNEY FOR MINOR CHILDREN , OREGON**

State of Oregon )

County of \_\_\_\_\_ )

I, \_\_\_\_\_, am the (natural mother)  
(natural father) (legal guardian) (circle one) of the following minor child/ren:

Name: \_\_\_\_\_ Date of

Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of

Birth: \_\_\_\_\_

Pursuant to ORS 109.056, I temporarily  
appoint \_\_\_\_\_

\_\_\_\_\_ of \_\_\_\_\_ (city), \_\_\_\_\_

\_\_\_\_\_ (state) to act lawfully and with full authority for me and in my  
name and place:

(Initial all that apply)

1. To have the care, custody, and control of the above child/ren and their property;
  2. To consent to any medical, dental, psychological, or psychiatric examinations, care, or treatment for the above child/ren.
  3. To enroll the above child/ren in school and to authorize participation in school activities;
  4. To apply for public benefits for the above child/ren;
  5. To act for me in any other matter regarding the health or welfare of the above child/ren
- except: \_\_\_\_\_

(Initial one of the following)

\_\_\_\_\_ This Power of Attorney is valid six months from the date I have signed it, unless revoked earlier by me.

\_\_\_\_\_ This Power of Attorney is valid until \_\_\_\_\_, 20, unless revoked earlier by me.

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

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of

\_\_\_\_\_, 20

by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for Oregon

My Commission expires: \_\_\_\_\_