
Temporary power of attorney form

POWER OF ATTORNEY RE: MINOR CHILDREN

I, _____ of _____, Oregon, mother/father of the child/ren named below, by this document do temporarily appoint _____ of _____, Oregon to be my true and lawful attorney, for me and in my name and place, and for my benefit:

To have the care, custody, and control of my child/ren:

_____, born _____

_____, born _____

_____, born _____

and to do all things necessary to properly care for the/se child/ren.

To consent to and authorize any and all medical treatment necessary for the proper care of my child/ren; and

To consent to and authorize any and all actions necessary for the proper care of my child/ren regarding her/his/their attendance at any public or private institution or school.

I hereby grant my said attorney full power and authority to do every act necessary to be done, and fully to all intents and purposes, as I might or could do if personally present, and I hereby ratify and confirm that which my said attorney shall lawfully do or cause to be done by virtue of this document.

(Initial one:)

_____ This power of attorney is valid for six months from the date on which I have signed it, unless I revoke it sooner.

_____ This power of attorney is valid until _____, 20____. (Time period must be shorter than six months from date of signing.)

In witness thereof, I have signed this power of attorney on this day of _____, 20____.

Signature: _____ Print name: _____

STATE OF OREGON _____) _____) ss.

County of _____)

SUBSCRIBED AND SWORN to by _____ before me, _____, a Notary

Public for the State of Oregon this _____ day of _____, 20____.

Notary Public for Oregon. My commission expires: _____
