

**POWER OF ATTORNEY  
DELEGATING PARENTAL POWER**

**Use of form:** Completion of this form is voluntary. This form is required when a parent voluntarily delegates parental powers to comply with **Menominee Tribal Code § 278-28 Parental Power of Attorney.**

This power of attorney is for the purposes of providing for the care, custody, and property of my child(ren):

\_\_\_\_\_ born on \_\_\_\_\_  
(First, MI, Last) (mm/dd/yyyy)

\_\_\_\_\_ born on \_\_\_\_\_  
(First, MI, Last) (mm/dd/yyyy)

\_\_\_\_\_ born on \_\_\_\_\_  
(First, MI, Last) (mm/dd/yyyy)

**DELEGATION OF POWER TO AGENT**

I 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 Tribal Court under Menominee Tribal Code, Chapter 278, Article II. CHIPS, Article III. JIPS, and Article XII. Delinquency or to prevent or supersede any agency or department from receiving and investigating a report of neglect or abuse, prevent a child from being taken into custody under Chapter 278, or prevent a Court from exercising jurisdiction over the child under Chapter 278.*

Name and address of agent: \_\_\_\_\_

Name and address of agent: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Phone Number and email: \_\_\_\_\_

**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 education 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 a 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]*

I understand that 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. I understand that this agreement may not be used to avoid child protection concerns, if child abuse or neglect allegations have been substantiated, or if the child has been removed by law enforcement or Menominee Tribal Family Services.

**THIS DOCUMENT MAY NOT BE USED TO DELEGATE THE POWER TO CONSENT TO THE MARRIAGE OR ADOPTION OF THE CHILD(REN), THE PERFORMANCE OF NON-EMERGENCY ELECTIVE SURGERY, THE SUSPENSION OR TERMINATION OF PARENTAL RIGHTS OF 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, SHELTER CARE FACILITY, OR INPATIENT TREATMENT FACILITY.**

**EFFECTIVE DATE AND TERM OF THIS DELEGATION**

This Power of Attorney takes effect on \_\_\_\_\_ to \_\_\_\_\_  
 (mm/dd/yyyy) (mm/dd/yyyy)

If no termination date is give 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.

**THIS DOCUMENT IS ONLY VALID IF EXECUTED BY ALL PARENT(S) WHO HAVE LEGAL CUSTODY OF THE CHILD(REN)**

\_\_\_\_\_  
**SIGNATURE- Parent/Guardian/Custodian**  
 (Print Name)

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
**SIGNATURE- Parent/Guardian/Custodian**  
 (Print Name)

\_\_\_\_\_  
 Date Signed

The above signed subscribed and sworn to me as principal(s) to the foregoing power of attorney, appeared before and acknowledged signing and delivering the instrument as the free and voluntary act of the principal(s).

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
 \* Notary Public, \_\_\_\_\_  
 State of Wisconsin, \_\_\_\_\_ County  
 My commission is [ ] permanent [ ] expires: \_\_\_\_\_

**STATEMENT OF AGENT**

I understand that the above named parents has/have delegated to me the powers specified in this Power of Attorney regarding the care and custody of the child(ren) listed above. I further understand that this Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the children. I hereby declare that I have read this Power of Attorney, understand the powers delegated to me by the Power of Attorney, am fit, willing, and able to undertake those powers, and accept those powers.

\_\_\_\_\_  
**SIGNATURE- Agent**  
 (Print Name)

\_\_\_\_\_  
 Date Signed