

# NEW HAMPSHIRE MINOR (CHILD) POWER OF ATTORNEY

## INFORMATION CONCERNING THE POWER OF ATTORNEY

THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT YOU SHOULD KNOW THESE IMPORTANT FACTS:

Notice to the Principal: As the "Principal," you are using this Power of Attorney to grant power to another person (called the "Agent") to make decisions, including, but not limited to, decisions concerning your money, property, or both, and to use your money, property, or both on your behalf. If this Power of Attorney does not limit the powers that you give to your Agent, your Agent will have broad and sweeping powers to sell or otherwise dispose of your property, and to spend your money without advance notice to you or approval by you. Unless you have expressly provided otherwise in this Power of Attorney, your Agent will have these powers before you become incapacitated, and unless you have expressly provided otherwise in this Power of Attorney, your Agent will continue to have these powers after you become incapacitated. You have the right to retain this Power of Attorney and to release it later or to request that another person retain this Power of Attorney on your behalf and release it only if one or more conditions specified in advance by you are satisfied. You have the right to revoke or take back this Power of Attorney at any time, so long as you are of sound mind. If there is anything about this Power of Attorney that you do not understand, you should seek professional advice.

TO ALL WHOM THESE PRESENTS ARE KNOWN:

That I, \_\_\_\_\_ (Parent), of \_\_\_\_\_ County, New Hampshire, being the natural mother/father of [hereafter the "child"] appoint \_\_\_\_\_ (Name of the Agent) of \_\_\_\_\_ County, New Hampshire, my true and lawful attorney-in-fact for me and in my name, place and stead and in my behalf, and to do and perform all of the following responsibilities and have all the rights in connection therewith:

- (1) Perform and act as and for me in a parental capacity as and to the child;

- (2) Give consent and permission for any kind of medical care and treatment, and to sign any papers to have the child admitted to a hospital for such purpose, or as may be required to maintain the health of the child;
- (3) Give consent and permission for enrollment in and admission to school and to resolve problems arising from school attendance, and to sign any papers necessary for such purpose or sign other documents relating to the child's welfare at school;
- (4) Perform any act necessary to obtain relief or aid that might benefit the child;
- (5) Perform any other acts for support, health, and general care of the child as may be required or necessary.
- (6) I, \_\_\_\_\_ (**Parent**), do hereby give and grant to \_\_\_\_\_ (**Name of Agent**) my said Attorney-in- fact, full power and authority to do and perform any and all acts required to protect and promote the welfare of the child, as fully and for all intents and purposes as I might or could do if I were personally present at the time thereof, hereby ratifying and confirming all that my said Attorneys may or shall lawfully do or cause to be done by virtue of this Power-of-Attorney and the rights and powers herein granted.

**(If you want a revocation date in advance)**

- (7) This Power of Attorney appointing \_\_\_\_\_ (Name of Agent) as my agent and attorney in fact performing and acting for me in a parental capacity for my child, \_\_\_\_\_ (child's Name), will be revoked automatically on \_\_\_\_\_ (Date of Revocation).
- (8) It is not my intention to relinquish my parental rights in and to my child.

IN TESTIMONY WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

(NAME OF PARENT)

STATE OF NEW HAMPSHIRE )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came parent, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as a free act and deed, and that \_\_\_\_\_ (NAME OF PARENT) is the mother/father of said children.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires:

\_\_\_\_\_  
(SEAL)