

# SOUTH CAROLINA MINOR CHILD POWER OF ATTORNEY

I certify that I am the parent or person with legal custody of:

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(Full Name of Minor Child)

(Date of birth)

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(Full Name of Minor Child)

(Date of birth)

I designate the following individual as the-attorney-in-fact for each minor child named above:

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(Full Name of Attorney-in-Fact)

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(Home Address, City, State, and ZIP Code)

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(Home phone)

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(Work phone)

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(Cell phone)

## INITIAL ONE OF THE FOLLOWING STATEMENTS:

\_\_\_\_\_ I delegate to the attorney-in-fact all of my power and authority regarding the care, physical custody, and property of each child named above including, but not limited to, the right to enroll the child in school; the right to inspect and obtain copies of education records and other school records concerning the child; the right to attend school activities and other functions concerning the child and to give or withhold any consent or waiver with respect to school activities; the right to give or withhold consent or waiver with respect to the provision or receipt of health care for the child, including medical, dental, and mental health care; and the right to inspect and obtain copies of health care records concerning the child. This delegation does not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, enlistment in the armed forces, major nonemergency medical and surgical treatment, or the termination of parental rights to the minor child; or

\_\_\_\_\_ I delegate to the attorney-in-fact the following specific powers and authorities listed below:

\_\_\_\_\_. This delegation does not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, enlistment in the armed forces, major nonemergency medical and surgical treatment, or the termination of parental rights to the minor child.

INITIAL THE FOLLOWING STATEMENT:

\_\_\_\_\_ I certify that the decision to execute the power of attorney is not for the primary purpose of enrolling the child in a school solely to participate in the academic or interscholastic athletic programs provided by that school, except as allowed by federal law, or for any other unlawful propose.

\_\_\_\_\_ I certify that at the present time, the South Carolina Department of Social Services or other child protection agency is not providing any protective services and that there are no open investigations or cases by the South Carolina Department of Social Services relating to me, the child, or any other child in my household. If I become aware that I may be involved in a case by the South Carolina Department of Social Services or other child protection agency, I will make that agency aware of the existence of this power of attorney.

INITIAL ONE OF THE FOLLOWING STATEMENTS:

\_\_\_\_\_ This power of attorney is effective for a period not to exceed one year, beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_. I reserve the right to revoke this authority at any time; or

\_\_\_\_\_ I am a member of the armed forces or a person serving in a commissioned corps as provided in Section 63-15-800. My active duty service is scheduled to begin on \_\_\_\_\_, 20\_\_\_\_, and is estimated to end on \_\_\_\_\_, 20\_\_\_\_. I acknowledge that in no event may this delegation of power last more than one year or the term on my active duty plus thirty days, whichever is longer.

By: \_\_\_\_\_  
(Signature of Parent or Person with Legal Custody)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent or Person with Legal Custody)

\_\_\_\_\_  
(Date)

I hereby accept my designation as attorney-in-fact for the minor child(ren) specified in this power of attorney.

By: \_\_\_\_\_  
(Signature of Attorney-in-Fact)      \_\_\_\_\_  
(Date)

**AFFIDAVIT**

State of South Carolina  
County of \_\_\_\_\_

We, \_\_\_\_\_ and \_\_\_\_\_, the undersigned witnesses to the foregoing power of attorney, dated the \_\_\_\_ day of \_\_\_\_, 20\_\_\_\_, at least one of us being first duly sworn, declare to the undersigned authority, on the basis of our best information and belief, that the power of attorney was on that date signed by the parent or person with legal custody of the child and the attorney-in-fact in our presence and we, at their request and in their presence, and in the presence of each other, subscribe our names as witnesses on that date.

\_\_\_\_\_ Witness  
\_\_\_\_\_ Witness

**ACKNOWLEDGEMENT**

State of South Carolina  
\_\_\_\_\_ County

I, \_\_\_\_\_, a notary public for this State and county, certify that \_\_\_\_\_, whose name is signed to the foregoing power of attorney as the parent or legal guardian of the child(ren) listed in this power of attorney, and \_\_\_\_\_, whose name is signed to the foregoing power of attorney as the attorney-in-fact designated by the parent or legal guardian of the child, and who are both known to me, have both acknowledged before me on this day that, being informed of the contents of the power of attorney, the parent or legal guardian of the child and attorney-in-fact executed the same voluntarily on the day the same bears date.

Given under my hand this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public (seal)  
My commission expires: \_\_\_\_\_.