

SOUTH DAKOTA MINOR (CHILD) POWER OF ATTORNEY

TO ALL WHOM THESE PRESENTS ARE KNOWN:

That I, _____ (Parent), of _____ County, South Dakota, being the natural mother/father of [hereafter the "child"] appoint _____ (Name of the Agent) of _____, County, South Dakota, 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 SOUTH DAKOTA)
) 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)