POWER OF ATTORNEY AND DESIGNATION OF TEMPORARY GUARDIAN FOR MINOR CHILD

I,		,	the	mother/fath	er of	my	child,
	("my	ch	ild"),	appoint	and	aut	thorize
	to	serve	as th	ne Guardian	of the	perso	n and
property of my child at any time I am una	vailable t	o exerc	ise the	e authority pr	ovided	for her	rein.
Ifappoint			_	o serve as my 's Guardian is	•	s Guar	dian, I

I hereby authorize the Guardian to exercise any and all rights and responsibilities and do any and all acts appropriate for a legal Guardian of a minor child including, but not limited to, the following:

- 1. **Education**. To enroll my child in the appropriate educational institutions, obtain access to my child's academic records, authorize my child's participation in school activities and make any and all other decisions related to my child's education.
- 2. <u>Travel</u>. To make travel arrangements on behalf of my child for destinations both inside and outside of the United States of America by air and/or ground transportation; to accompany my child on any such trips; and to make any and all related arrangements on behalf of my child including, but not limited to, hotel accommodations.
- 3. <u>Health Care</u>. To inspect and disclose any information relating to the physical and mental health of my child; to make any and all health care decisions; to sign documents, waivers and releases required by a hospital or physician; to authorize my child's admission to or discharge from any hospital or other medical care facility (including transfer to another facility); to consult with any provider of health care; to consent to the provision, withholding, modification or withdrawal of any health care procedure; and to make any and all other decisions related to my child's health care needs.

The Guardian may exercise any of these powers at any time that I am unavailable to exercise such authority. Any person may deal with the Guardian in full reliance that this Power of Attorney and Designation of Temporary Guardian for Minor Child has not been revoked and that I am then unavailable to exercise the authority provided for herein, if the Guardian submits a written statement to that effect.

STATEMENT OF ADDITIONAL DESIRES, SPECIAL PROVISIONS AND LIMITATIONS

	esignation of Temporary Guardian for Minor Child shall pacity. The authority granted herein shall continue during capacitated or unavailable.
	ally competent to make this Power of Attorney and r Minor Child, and I understand its purpose and effect.
as I become incapacitated (as such to law), or (iii) such time as I am other writing, before two witnesses, (or, person and property, without bond, by the right to revoke this Power of Attorior (iii) such time as I am other writing, before two witnesses, (or, Notwithstanding the foregoing, Guardian for Minor Child shall not be the right to revoke this Power of Attorior.)	t, upon the first to occur of (i) my death, (ii) such time erm is defined for purposes of Maryland guardianship rwise unavailable to care for my child and consent in to the appointment of a legal guardian, if he/she is unable to serve, be appointed to serve as the Guardian of my child's by the Court having appropriate jurisdiction. This Power of Attorney and Designation of Temporary construed as a waiver of my parental rights, and I retain armey and Designation of Temporary Guardian for Minor
Child at any time. WITNESS:	
Print Name: Date:	Print Name:Date:
Print Name:	

I hereby certify that on this _____ day of _______, 2009, before me, the subscriber, a Notary Public of the jurisdiction aforesaid, personally appeared _____ and acknowledged the foregoing Power of Attorney and Designation of Temporary Guardian for Minor Child to be his/her act and deed. As witness my hand and notarial seal.

My Commission Expires: _____

ACCEPTANCE OF DESIGNATION AS GUARDIAN FOR MINOR CHILD

I,	, hereby acknowledge that I have been designated to
serve as the Guardian of the per	on and property of by
his/her mother/father,	, pursuant to the foregoing Power of
Attorney and Designation of Te	mporary Guardian for Minor Child. I hereby accept said
designation as the Guardian of the	e person and property of and
agree to begin serving in such cap	eacity at any time is available to
exercise the authority provided fo	therein. In addition, upon the first to occur of (i) the death
	ich time as becomes incapacitated
	poses of Maryland guardianship law), or (iii) such time as
is oth	erwise unavailable to care for and
serve as the legal Guardian of the WITNESS:	e person and property of
Print Name:	Print Name:
Date:	
Print Name:	
Date:	