

TEMPORARY GUARDIANSHIP OF MINOR CHILD: POWER OF ATTORNEY

If you are the parent of a minor child you may at some time want to temporarily have another person be able to care for your child, consent to medical care, enroll your child in school, or handle other parental tasks.

This is a very good idea if you are going away for more than a few days and leaving your child in someone else's care, or if you are going to be hospitalized and leaving your child with someone else on a full-time basis, or if your child is going to live with a relative or a friend for awhile. Otherwise, if your child needed emergency medical care, there could be a problem locating you for your consent.

Oregon law provides that a parent or guardian of a minor child can sign a Power of Attorney to temporarily give another person the right to act as parent to that child (Oregon Revised Statutes 109.056). This is called "delegating" your rights and powers as a parent.

You can delegate any of your rights and powers as a parent except you can never delegate (1) the power to consent to your child's marriage; or (2) the power to consent to your child's adoption.

You can delegate all your other rights and powers as a parent, or only certain ones, such as the right to consent to medical treatment, or the right to enroll a child in school. The form attached delegates all powers except the two mentioned above, which **cannot** be delegated.

This temporary delegation of powers and rights is called a Temporary Power of Attorney, or a temporary guardianship. You do not have to go to court. It is valid only for six (6) months (or less time, if you revoke it before the six (6) months is up). You can also specifically state in the Temporary Power of Attorney that it is valid only until a certain date (but it must be less than six (6) months from when you sign it).

To give these rights to another person, you need to fill out and sign a Temporary Power of Attorney. You can use one form for all of your children if they are going to be cared for by the same person. If you will need more than one form, because two different people are caring for your children, or because you want to sign another one after the first (6) month period is up, make copies of this form while it is still blank.

Fill in the form as to the name and address of the person to whom you are delegating your parental rights and the full names and birth dates of your children. Then take it to a Notary Public and sign it, and have it notarized. You can find a Notary Public in most banks, real estate offices, or law offices.

The person who will be caring for your children should keep the original signed copy of the Power of Attorney. You should keep a photocopy for your own records. REMEMBER: You can revoke the power of attorney any time you want. Just write down that you revoke the power of attorney signed on such-and-such date, and give this to the person who has your child. Be sure to keep a copy. You can get your child back whenever you want. However, be sure you know and trust the person who is caring for your child. Be sure the person understands that he/she must return your child whenever you want.

I, _____, of _____,
Oregon, being the natural mother/father of the child/ren below named, have temporarily appointed, and
by
this document do temporarily appoint _____
of _____, Oregon, my true and lawful attorney, for me and in my name and
place, and for my benefit:

1. To have the care, custody and control of my child/ren:
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

and do all things necessary to properly care for my said child/ren:

2. To consent to and authorize any and all medical treatment necessary for the proper care and well-being for my child/ren; and
3. To consent to and authorize any and all actions necessary or the proper care of my child/ren as regards to her/his/their attendance at any public or private institution or school.

I HEREBY GRANT my said attorney full power and authority freely to do every act necessary to be done, as fully to all intents and purposes, as I might or could do if personally present, and I hereby ratify and confirm that which my said attorney-in-fact shall lawfully do or cause to be done by virtue of this document.

(Initial One)

- A. ____ This Temporary Power of Attorney is valid for six (6) months from the date on which I have signed it, unless earlier revoked by me.
- B. ____ This Temporary Power of Attorney is valid until _____, 2____.
(Must be less than six (6) months from date of signing)

IN WITNESS WHEREOF, I have signed this Temporary Power of Attorney on this _____
day of _____, 2____.

STATE OF OREGON)
) ss
County of _____)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 2____.

Notary Public for Oregon
My Commission Expires: _____