

**School District of Poynette**  
**POWER OF ATTORNEY DELEGATING PARENTAL POWER**  
As authorized by s. 48.979, Wis. Stats.

**NAME(S) OF CHILD(REN)**

This power of attorney is for the purpose of providing for the care and custody of the following child(ren):

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**DELEGATION OF POWER TO AGENT**

I, \_\_\_\_\_, PARENT  
NAME PARENT ADDRESS

state that I have legal custody of the child(ren) named above. **(Only a parent who has legal custody may use this form.)** A parent **may not** use this form to delegate parental powers regarding a child who is subject to the jurisdiction of the juvenile court under s. 48.13, 48.14, 938.12, 938.13, or 938.14, Wis. Stats.

I delegate my parental power to:

Name of agent: \_\_\_\_\_

Agent's address: \_\_\_\_\_

Agent's telephone number(s): \_\_\_\_\_

Agent's e-mail address: \_\_\_\_\_

The Relationship of the agent to child(ren) is \_\_\_\_\_ **The**  
**parental power I am delegating is as follows:**

## **FULL**

(Check the box if you want to delegate full parental power regarding the care and custody of the child(ren) named above.)

- ☐ Full parental power regarding the care and custody of the child(ren) named above

## **PARTIAL**

(Check each subject over which you want to delegate your parental power regarding the child(ren) named above.)

### **HEALTH CARE DECISIONS DELEGATED AS FOLLOWS:**

- ☐ The power to consent to all health care; **or**
- ☐ The power to consent to only the following health care:
- ☐ Ordinary or routine health care, excluding major surgical procedures, extraordinary procedures, and experimental treatment
- ☐ Emergency blood transfusion
- ☐ Dental care
- ☐ Disclosure of health information about the child(ren)

### **OTHER DECISIONS DELEGATED AS FOLLOWS:**

- ☐ The power to consent to educational and vocational services.
- ☐ The power to consent to the employment of the child(ren).
- ☐ The power to consent to the disclosure of confidential information, other than health information, about the child(ren).
- ☐ The power to provide for the care and custody of the child(ren).
- ☐ The power to consent to the child(ren) obtaining a motor vehicle operator's license.
- ☐ The power to travel with the child(ren) outside the state of Wisconsin.
- ☐ The power to obtain substitute care, such as child care, for the child(ren).
- ☐ Other specifically delegated powers or limits on delegated powers

(Fill in the following space or attach a separate sheet describing any other specific powers that you wish to delegate or any limits that you wish to place on the powers you are delegating.)

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- ☐ SEE ATTACHED PAGE(S)

This delegation of parental powers does not deprive a custodial or noncustodial parent of any of his or her powers regarding the care and custody of the child, whether granted by court order or force of law.

**THIS DOCUMENT MAY NOT BE USED TO DELEGATE THE POWER TO ALL OF THE FOLLOWING:**

- CONSENT TO THE MARRIAGE OR ADOPTION OF THE CHILD(REN),
- THE PERFORMANCE OR INDUCEMENT OF AN ABORTION ON OR FOR THE CHILD(REN),
- THE TERMINATION OF PARENTAL RIGHTS TO THE CHILD(REN),
- THE ENLISTMENT OF THE CHILD(REN) IN THE U.S. ARMED FORCES, OR
- TO PLACE THE CHILD(REN) IN A FOSTER HOME, GROUP HOME, SHELTER CARE FACILITY, OR INPATIENT TREATMENT FACILITY.

**EFFECTIVE DATE AND TERM OF THIS DELEGATION**

This Power of Attorney takes effect on (day/month/year) , and will remain in effect until (day/month/year) .

If no termination date is given, this Power of Attorney will remain in effect for a period of one year after the effective date, but no longer. If the termination date given is more than one year after the effective date of this Power of Attorney, this Power of Attorney must be approved by the juvenile court, unless the Agent is a relative of the child as defined in Wis. Stat § 48.02(15).

**REVOCATION OF POWER OF ATTORNEY**

This Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the child(ren) and such a revocation invalidates the delegation of parental powers made by this Power of Attorney, except with respect to acts already taken in reliance on this Power of Attorney.

**SIGNATURE(S) OF PARENT(S)**

This Power of Attorney must be signed by all parents who have legal custody of the child(ren).

_____ PARENT #1 SIGNATURE	_____ DATE	_____ PARENT #2 SIGNATURE	_____ DATE
_____ PARENT #1 NAME PRINTED		_____ PARENT #2 NAME PRINTED	
_____ PARENT #1 ADDRESS		_____ PARENT #2 ADDRESS	
_____ PARENT #1 TELEPHONE NUMBER(S)		_____ PARENT #2 TELEPHONE NUMBER(S)	
_____ PARENT #1 EMAIL ADDRESS		_____ PARENT #2 EMAIL ADDRESS	

### WITNESSING OF SIGNATURE(S)

*(Forms can be signed in front of School District of Poynette school officials with proper photo identification, otherwise signatures must be witnessed by a notary.)*

State of \_\_\_\_\_; County of \_\_\_\_\_

This document was signed before me on (day/month/year) \_\_\_\_\_ by (name(s) of parent(s)) \_\_\_\_\_

\_\_\_\_\_  
Signature of notary public

My commission expires: \_\_\_\_\_

### STATEMENT OF AGENT

I, \_\_\_\_\_, understand that \_\_\_\_\_  
(name and address of agent) (name(s) of parent(s))

has (have) delegated to me the powers specified in this Power of Attorney regarding the care and custody of \_\_\_\_\_.  
(name(s) of child(ren))

I further understand that this Power of Attorney may be revoked in writing at any time by a parent who has legal custody of \_\_\_\_\_.  
(name(s) of child(ren))

I hereby declare that I have read this Power of Attorney, understand the powers delegated to me by this Power of Attorney, am fit, willing, and able to undertake those powers, and accept those powers.

\_\_\_\_\_  
AGENT SIGNATURE

\_\_\_\_\_  
DATE

### APPENDIX

Here the parent(s) may indicate where they may be located during the term of the Power of Attorney if different from the address(es) set forth above.

☐ I can be located at:

☐ OR By contacting:

Address(es) \_\_\_\_\_

Name: \_\_\_\_\_

Telephone \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_

Email address \_\_\_\_\_

☐ OR I cannot be located.