## Limited Power of Attorney For the Care and Custody of Minor Children

Pursuant to RSMo §475.602 et seq, I/we,					
delegate to:		,			
	Name(s): Address: Phone Number:				

all of my/our power and authority regarding the care, custody, and property of each minor child named below including, but not limited to, the right to enroll the child in school, inspect and obtain copies of education and other records concerning the child, the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function, or treatment that may concern a child named below. This delegation shall not include the power or authority to consent to marriage or adoption of the child, or the termination of parental rights to the child.

"Medical and dental treatment" specifically includes optometric and mental heath, as well as prescriptions, routine or emergency care, the ability to refuse, consent, or withdraw consent for any type of care, tests, treatment, surgery, or other procedure, as well as the ability to obtain copies of the named child's medical records and consent to the disclosure of those records.

## Child's Legal Name

Child's Date of Birth

The duration of this Limited Power of Attorney is from , until the later of: (1) , or (2) until I/we return home, but in no event shall exceed the duration of one year. I/We may revoke this Power of Attorney at any time in writing.

No compensation shall be received for the services performed as Attorney-in-Fact under this document.

This document shall not be construed to change or modify any parental or legal rights, obligations, or authority established by an existing court order or deprive me/us of any parental or legal rights, obligations, or authority regarding the custody, visitation, or support of a named child. Nor shall this document operate to modify a named child's eligibility for benefits the child is receiving at the time of the execution of this document including, but not limited to, eligibility for free or reduced lunch, health care costs, or other social services, except as may be inconsistent with federal or state law governing the relevant program or benefit.

Dated:				
Parent 1:			Parent 2:	
Address:			Address:	
STATE OF MISS	OURI	) ) ss.		
COUNTY OF		)		
On this appeared	day of		,	, before me personally
and				, the parent(s)/legal
guardian(s) of the			•	n(s) described in and who decuted the same as their free
IN TESTING in the County and		•	•	d and affixed my official seal tten.
			Notary Public	
			My commissi	on expires: