

GEORGIA POWER OF ATTORNEY FOR THE CARE OF A MINOR CHILD

- (1) The purpose of this power of attorney is to give the grandparent that you designate (the agent grandparent) powers to care for your minor child, including the power to: enroll the child in school and in extracurricular school activities; have access to school records and disclose the contents to others; arrange for and consent to medical, dental, and mental health treatment for the child; have access to such records related to treatment of the child and disclose the contents of those records to others; provide for the child's food, lodging, recreation, and travel; and have any additional powers as specified by the parent.
- (2) The agent grandparent is required to exercise due care to act in the child's best interest and in accordance with the grant of authority specified in this form.
- (3) A court of competent jurisdiction may revoke the powers of the agent grandparent if it finds that the agent grandparent is not acting properly.
- (4) The agent grandparent may exercise the powers given in this power of attorney for the care of a minor child throughout the child's minority unless the parent revokes this power of attorney and provides notice of the revocation to the agent grandparent or until a court of competent jurisdiction terminates this power.
- (5) The agent grandparent may resign as agent and must immediately communicate such resignation to the parent, and if communication with such parent is not possible, the agent grandparent shall notify child protective services or such government authority that is charged with assuring proper care of such minor child.
- (6) This power of attorney may be revoked in writing by any authorizing parent. If the power of attorney is revoked, the revoking parent shall notify the agent grandparent, school, health care providers, and others known to the parent to have relied upon such power of attorney.

POWER OF ATTORNEY FOR THE CARE OF A MINOR CHILD

Georgia, _____ County

(A) I, _____ (insert name and address of parent or parents), hereby appoint _____

_____ (insert name and address of grandparent to be named as agent) as attorney in fact (the agent grandparent) for my child _____ (insert name of child) to act for me and in my name in any way that I could act in person.

(B) I hereby certify that the agent grandparent named herein is the (place a check mark beside the appropriate description):

- Biological grandparent;
- Step grandparent;
- Biological great-grandparent; or
- Step great-grandparent.

The agent grandparent may:

(A) Enroll the child in school and in extracurricular activities, have access to school records, and may disclose the contents to others;

(B) Arrange for and consent to medical, dental, and mental health treatment of the child, have access to such records related to treatment of the child, and disclose the contents of such records to others;

(C) Provide for the child's food, lodging, recreation, and travel; and

(D) Carry out any additional powers specified by the parent as follows: _____

(3) The powers granted above shall not include the following powers or shall be subject to the following rules or limitations (here you may include any specific limitations that you deem appropriate): _____

(4) This power of attorney for the care of a minor child is being executed because of the following hardship (initial all that apply):

_____ The death, serious illness, or terminal illness of a parent;

_____ The physical or mental condition of the parent or the child such that proper care and supervision of the child cannot be provided by the parent;

_____ The loss or non-habitability of the child's home as the result of a natural disaster;

_____ The incarceration of a parent; or

_____ A period of active military duty of a parent.

(5) I am fully informed as to all of the contents of this form and I understand the full import of this grant of powers to the agent grandparent.

(6) I certify that the minor child is not emancipated, and, if the minor child becomes emancipated, this power of attorney shall no longer be valid.

(7) Except as may be permitted by the federal No Child Left Behind Act, 20 U.S.C.A. Section 6301, et seq. and Section 7801, et seq., I hereby certify that this power of attorney is not executed for the primary purpose of unlawfully enrolling the child in a school so that the child may participate in the academic or interscholastic athletic programs provided by that school.

(8) I certify that, to my knowledge, the minor child's welfare is not the subject of an investigation by the Department of Human Services.

(9) I declare under penalty of perjury under the laws of the State of Georgia that the foregoing is true and correct.

Parent Signature: _____

Printed name: _____

Parent Signature: _____

Printed name: _____

Signed and sealed on this _____ day of _____, 20 ____ in the
presence of:

Notary Public

My commission expires