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THE  
**15<sup>TH</sup> JUDICIAL CIRCUIT**  
OF FLORIDA

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**POWER OF ATTORNEY (TEMPORARY)  
FOR THE  
CARE OF CHILDREN**

TEMPORARY POWER OF ATTORNEY FOR THE CARE OF CHILDREN

KNOW ALL PERSONS BY THESE PRESENTS:

We \_\_\_\_\_ ("Father") and \_\_\_\_\_ ("Mother"), jointly Referred to as "Parents" or "Principals", maintaining an address at: \_\_\_\_\_ hereby make and appoint \_\_\_\_\_ ("Attorney-in-Fact") maintaining an address at: \_\_\_\_\_ As our true and lawful agent and attorney-in-fact for us and in our name, and in our behalf to act as the guardian of our minor child/children:

Name: \_\_\_\_\_ born on \_\_\_\_\_ Name: \_\_\_\_\_ born on \_\_\_\_\_
Name: \_\_\_\_\_ born on \_\_\_\_\_ Name: \_\_\_\_\_ born on \_\_\_\_\_
Name: \_\_\_\_\_ born on \_\_\_\_\_ Name: \_\_\_\_\_ born on \_\_\_\_\_

The above named Attorney-in-Fact shall have the power and authority to act entirely in loco parentis and to do all acts Necessary or desirable for maintaining the health, education, and welfare of our above named child/children, including, but Not limited to, the powers to:

- 1. Provide for, approve, authorize and decline any health care at any hospital or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent, release or waiver of liability required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to our child/children. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, and performance of operations, diagnostic and other procedures.
2. Determine the education needs of our child/children and to register and enroll our child/children in any educational programs, schools and extracurricular activities; review any school records of the child/children; allow our child/children to participate in activities and events offered by any group, organization or educational facility.
3. Maintain the customary living standard of the child/children, including, but not limited to, provisions of living quarters, food, clothing, entertainment and other customary matters.
4. This temporary Power Of Attorney is in effect from (date) \_\_\_\_\_ until (date) \_\_\_\_\_.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Witness #1 Printed Name

\_\_\_\_\_  
Witness #2 Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF FLORIDA

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
Notary Public Signature & Printed Name  
State of Florida  
My Commission Expires: \_\_\_\_\_

(seal)