

**POWER OF ATTORNEY FOR CARE OF MINOR CHILD
AND NOMINATION OF GUARDIAN OF**

I, _____, of _____, _____, am the custodial parent and legal guardian of _____ (“Minor Children”).

I hereby designate _____ to serve as Guardian of the person and property of my minor children at any time I am unavailable due to my health to attend to my responsibilities of my minor children. In the event _____ is unable to serve for any reason, I nominate _____ to serve as my Guardian of my minor children.

I expressly give my attorneys-in-facts full authority to act in my place when I am unavailable for health reasons as follows:

1. To perform any and all acts necessary for the day-to-day care, custody, recreation, and education of my minor children.
2. To authorize any and all medical and dental care for the health and well-being of my minor children. This care includes, but is not limited to, medical and dental exams, tests, x-rays, surgeries, anesthesia, and hospital care.
3. To travel with my minor children within and as well as to any location outside of _____, for any reason deemed necessary by my attorneys-in-fact.
4. To register my children in school and to take care of their educational needs and to be their emergency contacts.

This power of attorney does not give my attorneys-in-fact the power to consent to the marriage or adoption of my minor children. This power of attorney shall be effective until my minor children each reach the age of majority, unless I revoke it sooner or unless it terminates sooner by operation of law.

I sign my name to this power of attorney on _____ day of _____, 2020, at _____ County, _____.

[]

[WITNESS SIGNATURES ON NEXT PAGE]

SIGNATURE OF FIRST WITNESS

Signature: _____
Print Name: _____
Address: _____
Date: _____, 2020

SIGNATURE OF SECOND WITNESS

Signature: _____
Print Name: _____
Address: _____
Date: _____, 2020

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
County of _____)

On _____ day of _____, 2020 before me, _____,
Notary Public, personally appeared _____, who proved to me on the
basis of satisfactory evidence to be the person whose name is subscribed to the within instrument
and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity,
and that by his/her/their signature on the instrument the person, or the entity upon behalf of
which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the
foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)