

Date: _____

Father

← Single Parent so enter either Father or Mother

Full Legal Name: _____

Home Address: _____

Tel Number: _____ Email: _____

Mother

← Single Parent so enter either Father or Mother

Full Legal Name: _____

Home Address: _____

Tel Number: _____ Email: _____

Caregiver 01 / Agent 01

Full Legal Name: _____

Relationship: _____ DOB: _____

Home Address: _____

Tel Number: _____ Email: _____

Caregiver 02 / Agent 02

← leave blank if not applicable

Full Legal Name: _____

Relationship: _____ DOB: _____

Home Address: _____

Tel Number: _____ Email: _____

Children

↓ Only list the child(ren) associated with the "Father" above

Child 01: Full Name: _____

Date of Birth: _____ ID (last 4 ss/school): _____

Child 02: Full Name: _____

Date of Birth: _____ ID (last 4 ss/school): _____

Child 03: Full Name: _____

Date of Birth: _____ ID (last 4 ss/school): _____

Child 04: Full Name: _____

Date of Birth: _____ ID (last 4 ss/school): _____

Child 05: Full Name: _____

Date of Birth: _____ ID (last 4 ss/school): _____

Child 06: Full Name: _____

Date of Birth: _____ ID (last 4 ss/school): _____

Child 07: Full Name: _____

Date of Birth: _____ ID (last 4 ss/school): _____

Child 08: Full Name: _____

Date of Birth: _____ ID (last 4 ss/school): _____

SPECIAL POWER OF ATTORNEY
(without alternate designation)

STATE OF TEXAS

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KNOW ALL BY THESE PRESENTS

COUNTY OF TRAVIS

THAT I, _____ of
(Name of Father or Mother /Nombre del Padre o de la Madre)

(address) _____
(Address with City and State/Dirección del padre o la madre con ciudad y estado)

(telephone) _____ (E-mail) _____
(Tel. number/Número de teléfono) (Email/Correo electrónico)

hereby appoint my _____, DOB: _____
(Relationship with appointed person/Relación con la persona designada) (DOB/Fecha de nacimiento)

(name) _____ of
(Name of appointed person/Nombre de la persona designada)

(address) _____
(Appointed person's address with City and State/Dirección de la persona designada con ciudad y estado)

(telephone) _____ (E-mail) _____
(Telephone/Número de teléfono) (Email/Correo electrónico)

as my attorney-in-fact to act for me and in my name for and on behalf of my child(ren) listed below:

<u>Minor Child(ren)</u> (Nombre de Hijo/s)	<u>Date of Birth</u> (Nacimiento)	<u>Identification</u> (last 4 of SSN or school Id) (Los últimos 4 de su SSN o identif de escuela)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

hereafter referred to as “my child” or “my children.” The use of “child” includes all my children.

The attorney-in-fact is hereby empowered to act in my name, place and stead to do the following acts:

1. To maintain physical possession of my child;
2. To provide care, control, possession, protection, moral and religious training, and reasonable discipline to my child;
3. To support my child, including providing my child with clothing, food, shelter, medical care and education;
4. To receive payments for the support of my child, including but not limited to public benefits, and to hold or disburse any funds for the benefit of my child;
5. To register or withdraw my child in school, daycare, or pre-school, make educational decisions including placement in special education programs, and authorize participation in school activities, program and events;
6. To have access to medical, dental, psychological, and educational records of the child;
7. To consult with school officials concerning my child’s welfare and educational status, including school activities;
8. To consult with a physician, dentist, or psychologist of the child;
9. To be designated on my child’s records as a person to be notified in case of emergency;
10. To consent to medical, dental, psychiatric, and surgical treatment of the child, including; but not limited to emergency and invasive procedures;
11. To apply for, obtain, and maintain passport(s) for the child;
12. To authorize and/or to travel with the child throughout the United States (by land, air, or sea) and to any international destination.;

13. To represent my child in legal action and to make other decisions of substantial legal significance concerning my child;
14. To maintain possession of my child as head of household in any subsidized housing program;
15. To apply for and receive public benefits on behalf of my child;
16. To authorize my child to participate in age-appropriate extracurricular, civic, social, or recreational activities, including athletic activities;
17. To authorize employment of my child;
18. To obtain and maintain health insurance coverage for my child and automobile insurance coverage for my child, if appropriate;
19. To authorize my child to obtaining a learner's permit, driver's license, and/or state-issued identification card;
20. To represent my child in any "claims" and "litigation," including but not limited to those powers in Texas Statutory Durable Powers of Attorney as set forth in Texas Estates Code, Title 2, Subtitle P, Sec. 752.110, and to engage legal counsel or any other professionals as required or advisable to represent my child in any such "claims" and "litigation"; and,
21. To take any other action necessary to promote the best interest of my child.

I give and grant to said attorney-in-fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present. I hereby ratify and confirm all my attorney-in-fact shall lawfully do or cause to be done by virtue of this special power of attorney.

Nothing in this document can or should be construed as in any way limiting my own powers as the parent of the child. I do not relinquish my rights to my child. In executing this document, I do not relinquish any of my parental rights nor do I relinquish conservatorship of my child. This document is not to be interpreted as granting conservatorship rights to anyone else.

Any and all prior powers of attorney given with respect to my child on the matters herein stated are revoked and replaced by this one.

This Special Power of Attorney shall continue in effect until such time I provide written notice of voluntary revocation to the attorney-in-fact.

The rights, powers, and authority of said attorney-in-fact shall commence in the event I am detained by authorities or otherwise incapable of caring for my child.

It is my intent that any copy of this document can be considered as an original.

This document has been explained to me in English and Spanish, and I understand it.

SIGNED on _____.

Signature: _____
(Signature/Firma del Padre o de la Madre)

Print Name: _____
(Name of Father or Mother/Nombre del Padre o de la Madre)

STATE OF TEXAS

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KNOW ALL BY THESE PRESENTS

COUNTY OF TRAVIS

Before me, a Notary Public for the State of Texas, on this day personally appeared

_____ known
(Name of Father or Mother/Nombre del Padre o de la Madre)

to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Executed in Travis County, State of Texas, on _____.

Notary Public
State of Texas

CAREGIVER'S AFFIDAVIT
(PURSUANT TO SPECIAL POWER OF ATTORNEY)

STATE OF TEXAS

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KNOW ALL BY THESE PRESENTS

COUNTY OF TRAVIS

I, _____, of
(Name of appointed person/Nombre del Apoderado o de la Apoderada)

(address) _____
(Address of appointed person with City, State/Dirección del Apoderado o Apoderada: ciudad, condado y estado)

(telephone) _____ (E-mail) _____
(Telephone/Teléfono) (Email/Correo electrónico)

hereby promise to comply with the Special Power of Attorney granted me above by _____ regarding
(Name of Father or Mother/Nombre del Padre o de la Madre)

his/her minor child(ren), as set forth in the Special Power of Attorney and to provide care for and support the minor child(ren), and to make all decisions regarding the minor child(ren)'s education or medical needs, all as set forth in the Special Power of Attorney, and any other decision not mentioned in the Special Power of Attorney to serve the minor child(ren)'s best interest.

I solemnly swear I will faithfully discharge the duties of this Special Power of Attorney for the minor child(ren), named in the Special Power of Attorney, according to the law and the child(ren)'s best interest.

I also promise to notify _____
(Name of Father or Mother/Nombre del Padre o de la Madre)

of any changes to my address, phone number, or email address.

It is my intent that any copy of this document can be considered as an original.

This document has been explained to me in English and Spanish, and I understand it.

SIGNED on _____.

Signature: _____
(Appointed person's signature/Firma del Apoderado o de la Apoderada)

Print Name: _____
(Appointed person's Name/Nombre del Apoderado o de la Apoderada)

STATE OF TEXAS

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KNOW ALL BY THESE PRESENTS

COUNTY OF TRAVIS

Before me, a Notary Public for the State of Texas, on this day personally appeared _____, known to me to be the
(Name of appointed person/Nombres del Apoderado o de la Apoderada)
person whose name is subscribed to the foregoing document and, being by me first duly sworn,
declared that the statements therein contained are true and correct.

Executed in Travis County, State of Texas, on _____.

Notary Public
State of Texas