(Version A: general)

LIMITED POWER OF ATTORNEY: MINOR CHILD

1. I/We certify that I/We am/are the parent(s) with legal custody or legal custodian(s) of:

Full name(s) of minor child(ren): _____ Date of Birth: _____

_____ Date of Birth: _____

_____

2. I/We _____

and _____

designate (full name) _____

(address, phone) _____

(_____)_____ as my/our Agent and Attorney-in-Fact for the child(ren) listed above.

3. I/We delegate to the Agent named above power and authority regarding the care, custody, and property of the minor child(ren) named above, including the right to enroll the child in school, the right to inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and 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 the child(ren) listed above.

4. This limited Power of Attorney shall <u>not</u> include the power or authority to consent to the marriage or adoption of the child, the performance or inducement of an abortion on or for the child, transfer of custody to any other person or agency, or the termination of parental rights to the child.

5. This limited Power of Attorney shall not operate to change or limit any parental or legal rights, obligations, or authority, or deprive a parent or legal custodian of any parental or legal rights, obligations, or authority, including regarding the custody, visitation, or support of any child or as established by a pre-existing court order. Nor shall such it constitute abandonment or relinquishment of the child(ren) listed above.

6. I/we understand that I/we shall continue to be bound by any obligations under pre-existing court order or law. By my/our signature below, I/we hereby certify that I/we am/are not executing this power of attorney for any unlawful purpose or for the primary purpose of enrolling my/our child/children in a school to participate in the academic or interscholastic athletics programs provided by that school.

7. This Power of Attorney is effective for a period not to exceed _____ days, beginning on (date) _____, and ending on (date) _____ , unless extended.

8. Pursuant to Va. Code Ann. § 64.2-1617, any person to whom this writing is presented is entitled to rely upon this Limited Power of Attorney.

9. I/We reserve the right to revoke this authority at any time.

Full name of grantor parent/legal custodian: _____

Signature:_____ Date: _____

Full name of grantor parent/legal custodian: _____

Signature:_____ Date: _____

Statement by Agent/Attorney-in-Fact:

I hereby accept my designation as attorney-in-fact for the minor child/children specified in this power of attorney and agree to act at all times in the best interests of the child/children specified herein within the limits of the powers delegated to me. I also agree to protect the interests of the grantor parent(s) and to act in accordance with their wishes to the best of my ability.

I understand this Power of Attorney does not change or limit any parental or legal rights, obligations, or authority, including as established by an existing court order, or deprive a parent or legal custodian of any parental or legal rights, obligations, or authority, including regarding the custody, visitation, or support of and decision-making for the child/children specified herein.

By my signature below, I affirm I have received notice of any existing court order regarding the custody, visitation, or support of the child/children and agree to honor the rights of a parent or legal custodian of the child/children as specified in such order.

Full name of attorney-in-fact: _____

Signature of attorney-in-fact: _____ Date: _____

COMMONWEALTH OF VIRGINIA

City/County of _____

I hereby certify that on this date _____ the foregoing instrument was signed before me, the undersigned Notary Public in and for the Commonwealth of Virginia. The parties were known to me or satisfactorily proven to be the persons whose names are subscribed to the foregoing instrument and each acknowledged that he/she executed the foregoing instrument for the purposes set forth herein.

(Seal)

_____

Signature of Notary Public

(Version B: specific)

LIMITED POWER OF ATTORNEY: MINOR CHILD

1. I/We certify that I/We am/are the parent(s) with legal custody or legal custodian(s) of:

Full name(s) of minor child(ren): _____ Date of Birth: _____
_____ Date of Birth: _____
_____

2. I/We _____
and _____
designate (full name)_____
(address, phone) _____
(_____)_____ as my/our Agent and Attorney-in-Fact for the child(ren) listed above.

3. I/We delegate to the attorney-in-fact the following specific powers and responsibilities:
_____
_____
_____.

5. This power of attorney shall not operate to change or limit any parental or legal rights, obligations, or authority, or deprive a parent or legal custodian of any parental or legal rights, obligations, or authority, including regarding the custody, visitation, or support of any child(ren) or as established by a pre-existing court order. Nor shall such delegation of authority constitute abandonment or relinquishment of the child(ren) listed above.

6. I/we understand that I/we shall continue to be bound by any obligations under pre-existing court order or law. By my/our signature below, I/we hereby certify that I/we am/are not executing this power of attorney for any unlawful purpose or for the primary purpose of enrolling my/our child(ren) in a school to participate in the academic or interscholastic athletics programs provided by that school.

5. This power of attorney is effective for a period not to exceed _____ days, beginning on (date)_____, and ending on (date) _____ , unless extended.

6. Pursuant to Va. Code Ann. § 64.2-1617, any person to whom this writing is presented is entitled to rely upon this Limited Power of Attorney.

7. I/We reserve the right to revoke this authority at any time.

Full name of grantor parent/legal custodian: _____

Signature:_____ _____ Date: _____

Full name of grantor parent/legal custodian: _____

Signature:_____ Date: _____

Statement by Agent/Attorney-in-Fact:

I hereby accept my designation as attorney-in-fact for the minor child(ren) specified in this power of attorney and agree to act at all times in the best interests of the child(ren) specified herein within the limits of the powers delegated to me. I also agree to protect the interests of the grantor parent(s) to and to act in accordance with their wishes to the best of my ability.

I understand this power of attorney does not change or limit any parental or legal rights, obligations, or authority, including as established by an existing court order, or deprive a parent or legal custodian of any parental or legal rights, obligations, or authority, including regarding the custody, visitation, or support of and decision-making for the child(ren) specified herein.

By my signature below, I affirm I have received notice of any existing court order regarding the custody, visitation, or support of the child(ren) and agree to honor the rights of a parent or legal custodian of the child(ren) as specified in such order.

Full name of attorney-in-fact: _____

Signature of attorney-in-fact: _____ Date: _____

COMMONWEALTH OF VIRGINIA

City/County of _____

I hereby certify that on this date _____ the foregoing instrument was signed before me, the undersigned Notary Public in and for the Commonwealth of Virginia. The parties were known to me or satisfactorily proven to be the persons whose names are subscribed to the foregoing instrument and each acknowledged that he/she executed the foregoing instrument for the purposes set forth herein.

(Seal)

_____

Signature of Notary Public