

**WISCONSIN STATUTORY FORM
POWER OF ATTORNEY
DELEGATING PARENTAL POWER**
Authorized by S. 48.979 Wis. Stats.

Name(s) of Child(ren): _____

This power of attorney is for the purpose of providing for the care and custody of:

[Name, address, and date of birth of each child.....]

DELEGATION OF POWER TO AGENT.

I, _____ (*name and address of parent*), state that I have legal custody of the child(ren) named above. (*Only a parent who has legal custody may use this form.*) *A parent may not use this form to delegate parental powers regarding a child who is subject to the jurisdiction of the juvenile court under s. 48.13, 48.14, 938.12, 938.13, or 938.14, Wis. Stats.*

I delegate my parental power to:

[Name, address, phone number, e-mail and relationship of agent to child(ren)]

The parental power I am delegating is as follows:

FULL

Full parental power regarding the care and custody of the child(ren) named above.

PARTIAL

[Check each subject over which you want to delegate your parental power regarding the child(ren) named above.]

The power to consent to all health care; or

The power to consent to only the following health care:

_____ Ordinary or routine health care, excluding major surgical procedures, extraordinary procedures, and experimental treatment

_____ Emergency blood transfusion

_____ Dental care

_____ Disclosure of health information about the child(ren)

_____ The power to consent to educational and vocational services

- _____ The power to consent to the employment of the child(ren)
- _____ The power to consent to the disclosure of confidential information, other than health information, about the child(ren)
- _____ The power to provide for the care and custody of the child(ren)
- _____ The power to consent to the child(ren) obtaining a motor vehicle operator's license
- _____ The power to travel with the child(ren) outside the state of Wisconsin
- _____ The power to obtain substitute care, such as child care, for the child(ren)
- _____ Other specifically delegated powers or limits on delegated powers *[fill in space or attach separate sheet describing any other specific powers]*

This delegation of parental powers does not deprive a custodial or noncustodial parent of any of his or her powers regarding the care and custody of the child, whether granted by court order or force of law.

THIS DOCUMENT MAY NOT BE USED TO DELEGATE THE POWER TO CONSENT TO THE MARRIAGE OR ADOPTION OF THE CHILD(REN), THE PERFORMANCE OR INDUCEMENT OF AN ABORTION ON OR FOR THE CHILD(REN), THE TERMINATION OF PARENTAL RIGHTS TO THE CHILD(REN), THE ENLISTMENT OF THE CHILD(REN) IN THE U.S. ARMED FORCES, OR TO PLACE THE CHILD(REN) IN A FOSTER HOME, GROUP HOME, OR INPATIENT TREATMENT FACILITY.

EFFECTIVE DATE AND TERM OF THIS DELEGATION.

This Power of Attorney takes effect on _____ and will remain in effect until _____. If no termination date is given or if the termination date given is more than one year after the effective date of this Power of Attorney, this Power of Attorney will remain in effect for a period of one year after the effective date, but no longer. This Power of Attorney may be revoked in writing at any time by a parent who has legal custody of the child(ren) and such a revocation invalidates the delegation of parental powers made by this Power of Attorney, except with respect to acts already taken in reliance on this Power of Attorney.

Dated this _____ day of _____, 2017.

Name/address/phone number/e-mail of Parent

APPENDIX

(Here the parent(s) may indicate where they may be located during the term of the Power of Attorney if different from the addresses set forth above.)

I can be located at:

(Address/Phone/Email)

This document was drafted by Attorney John L. Maier, Jr.,
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