

HEAD START of LANE COUNTY

221 B Street • Springfield OR 97477-4522

541-747-2425 • FAX: 541-747-6648 • <http://www.hsolc.org>

“Ensuring that our youngest children have a solid foundation for life.”

Instructions for Delegation of Parental/Guardian Powers Form

This delegation designates another person (called the “attorney-in-fact”) to make decisions regarding a child/ren in lieu of the child/ren’s parent or legal guardian. The “attorney-in-fact” can be any reliable person and does not have to be a lawyer. It is not a court order. It is accepted by many, but not all, people or organizations as proof that the person has the legal right to make decisions for the child/ren.

A parent who does not agree with the decisions of the attorney-in-fact has more authority over the child/ren than the attorney-in-fact. This form can not be used to transfer custody or to supersede the right of the other parent. It does not affect the rights of the child’s parents regarding the care, custody and control of the child and can be withdrawn at any time.

First, fill out the specific information regarding the child/ren and the attorney-in-fact as designated on the form.

Next, indicate what powers you are giving to the attorney-in-fact over your child/ren. The first box is for a general delegation granting all powers a parent would ordinarily have over the child/ren. The second box allows you to state the specific responsibilities and powers you want to grant. If you choose to select specific powers, be sure to list what those powers are in the area provided.

The completed delegation form must be signed by both the parent or legal guardian and the attorney-in-fact.

Under Oregon law a delegation of parental/guardian rights is effective for a maximum of six months. You can limit this time period to as little as you want, but you cannot extend it beyond six months. If you need another power of attorney after six months, a new power of attorney may be signed. Persons in the US Armed Forces called to active duty can have a power of attorney last through the active duty period plus 30 days.

The parent granting the power can withdraw (revoke) that power, in writing, at any time even before the expirations date on the power of attorney. A form called *Revocation of Power of Attorney* is attached. If you are a parent withdrawing the power, be sure to fill out the revocation form and deliver it to the person to whom you granted the power and to those people or organizations to whom you gave a copy of the delegation form. The withdrawal is effective immediately upon delivery.

HEAD START of LANE COUNTY

221 B Street • Springfield OR 97477-4522
541-747-2425 • FAX: 541-747-6648 • <http://www.hsolc.org>
"Ensuring that our youngest children have a solid foundation for life."

DELEGATION OF PARENTAL/GUARDIAN POWERS

I certify that I am the parent or legal guardian of the child/ren:

(Full Name of Minor Child)

(Date of Birth)

(Full Name of Minor Child)

(Date of Birth)

(Full Name of Minor Child)

(Date of Birth)

I designate _____
(Full Name of Attorney-In-Fact)

(Street Address, City and ZIP Code of Attorney-In-Fact)

(Home Phone of Attorney-In-Fact)

(Work Phone of Attorney-In-Fact)

as the undersigned's attorney-in-fact with respect to the child/ren under ORS 109.056.

I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of the child/ren, including but not limited to the right to enroll the child/ren in school, inspect and obtain copies of education records and other records concerning the child/ren, the right to attend school activities and other functions concerning the child/ren, 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 of treatment that may concern the child/ren.

OR

I delegate to the attorney-in-fact the following specific powers and responsibilities (*write in*):

This delegation does not include the power of authority of the attorney-in-fact to consent to the child/ren's marriage or adoption.

SELECT ONE:

This power of attorney is effective for a period not to exceed six months, beginning _____, 20____, and ending _____, 20____. I reserve the right to revoke this authority at any time.

I am in the US Armed Forces and been called to active duty. This power of attorney is effective through my active duty period plus 30 days.

By: _____
Parent/Legal Guardian (*Signature*) Date

I hereby accept my designation as attorney-in-fact for the child/ren as specified in this power of attorney.

Attorney-In-Fact (*Signature*)

Attorney-In-Fact (*Print*)

Date

HEAD START of LANE COUNTY

221 B Street • Springfield OR 97477-4522

541-747-2425 • FAX: 541-747-6648 • <http://www.hsolc.org>

“Ensuring that our youngest children have a solid foundation for life.”

REVOCATION OF DELEGATION OF PARENTAL/GUARDIAN POWERS

I hereby revoke (withdraw) the delegation of parental/guardian powers over my minor child/ren.

(Full Name of Minor Child)

(Date of Birth)

(Full Name of Minor Child)

(Date of Birth)

(Full Name of Minor Child)

(Date of Birth)

That was granted to _____ on the following date _____.

That delegation is now revoked.

By: _____
Parent/Legal Guardian (*Signature*)

Date