POWER OF ATTORNEY FOR CARE OF CHILDREN

PREAMBLE: This document is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United Stated Code, Section 1044(b), and executed by a person authorized to receive legal assistance from the military. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction in which it is presented.

KNOW ALL PERS	SONS BY TH	ESE PRESENTS:	That I,	, currently residing a
				, the parent of the following
minor child(ren),				do hereby
state that is it nece	essary to leav	re said child(ren) in	the care of	(Name Of Agent)
from	, 20	until	, 20	The said agent shall have my full permission and consent:

- To give consent for emergency medical treatment as needed by said child(ren) in the event that I cannot be reached immediately at the time of the emergency. The determination of the need for such care may be made by my agent.
- To authorize all necessary medical treatment, including surgery or hospitalization for said child(ren) while within the care of said agent. Furthermore, my agent is authorized to take any and all other necessary actions to provide for the safety, education, and welfare of said child(ren), including the taking of all steps necessary for enrollment in a public school and the signing of all documents in connection with the care, maintenance, medical treatment, education, and activities of said child(ren).
- To perform any and all parental acts, as fully to all intents and purposes as I might or could if personally present, to include but not limited to discipline, maintenance, supervision, arbitration of disputes, enrollment in school, sports or other activities, and to consent to any and all medical care and treatment necessary and appropriate for the general health and welfare of said child(ren).
- To act as guardian for the custody and control of said child(ren), and to do all acts and authorize all things which my agent deems necessary or proper for the care, maintenance, control, and custody of said child(ren).
- To act for me and in my name, place, and stead in all particulars for the purposes of providing care, and for obtaining food, shelter, clothing, education, and medical care for said child(ren).

Said guardian shall not be required to post bond or any security for the faithful performance of duties.

Said guardian shall be the guardian or administrator of the estate of said child(ren), or of any assets which said child(ren) may acquire or inherit.

Said guardian further is authorized to consent to medical and dental care and treatment for said child(ren) in medical facilities of the United States Government or other facilities, or in a physician's office, including but not limited to inpatient or outpatient care, hospitalization, emergency treatment, ordinary treatment, surgery, anesthetics and any and all other medical or dental care or treatment that may be necessary or desirable for the well-being of said child(ren), as determined by said guardian.

GIVING AND GRANTING unto my guardian and attorney-in-fact full power and authority to do and perform every act, deed, matter, and thing necessary, desirable, or expedient to accomplish the foregoing specified purposes, including the execution of all documents, as fully to all intents and purposes as I might or could do if personally present.

I hereby ratify all that my attorney-in-fact lawfully shall do or cause to be done by this document.

I hereby give and grant unto my attorney-in-fact full power and authority to do and perform each and every act and matter concerning the subject of this document as fully and effectually to all intents and purposes as I could do legally if I were present.

I hereby authorize my attorney-in-fact to indemnify and hold harmless any third party who accepts and acts under or in accordance with this power of attorney.

I intend for this power of attorney to be a DURABLE power of attorney. This power of attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

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This power of attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated I this power of attorney shall become null and void on (expiration date).						
	gn this power of attorney at Marine Corps Base Camp Pendleton, Califo s date).	rnia or				
	Signature of Grantor					
	ACKNOWLEGEMENT					
With the United States Armed Forces At Marine Corps Base Camp Pendleton						
serving with, employed by, or accompanying Zone, Puerto Rico, Guam, and the Virging acknowledged that he or she executed the		a person e Canal ent and ertificate				
AUTHORIZED TO ACT AS A NOTARY PUBLIC UNDER THE PROVISIONS OF SECTION 1044a OF TITLE 10 OF THE UNITED STATES CODE AND SECTION 1183.5 OF THE CALIFORNIA CIVIL	Signature of Notary Name of Officer and Position: Grade and Branch of Service:					

CODE. NO SEAL REQUIRED BY LAW.

Command or Organization: