

**DELEGATION OF POWERS BY PARENT OR GUARDIAN**  
**[MINN. STAT. § 524.5-211]**

**STATE OF MINNESOTA**             )  
  ) **SS**  
**COUNTY OF** \_\_\_\_\_ )

KNOW ALL PERSONS BY THESE PRESENTS THAT:

I/We, \_\_\_\_\_, of the County of \_\_\_\_\_, State of Minnesota, am/are the parent(s) of: Child/ Children Name(s): \_\_\_\_\_,  
who were born on: \_\_\_\_\_.

1. I/We hereby appoint the following person(s):

\_\_\_\_\_  
, of the County of \_\_\_\_\_ State of Minnesota, to be my/our true and lawful Attorney(s) in Fact for the exercise of parental over my/our child/children for a period of \_\_\_\_\_ from \_\_\_\_\_ date after the date of execution of this document to and including the following date \_\_\_\_\_ pursuant to MINN. STAT. § 524.5-211.

The named Attorney(s) in Fact are related to me/us or I/we know her/him as follows:  
\_\_\_\_\_.

2. This Power of Attorney hereby constitutes my delegation to: of all of my/our parental powers and authority regarding the care, custody, and property of my/our child/children, including, but not limited to, the authority to: (a) authorize medical treatment; (b) enroll my/our child/children in school; and, (c) to provide a home, care, and supervision of my/our child/children at my/our Attorney(s) in Fact’s home. This Power of Attorney does not authorize my Attorney(s) in Fact to consent to marriage or adoption of my/our child/Children named herein.

For Single Parents Only: I understand that I am legally obligated, pursuant to MINN. STAT. § 524.5-505(b), to mail or give a copy of this document to any other parent within 30 days of its execution unless: (a) the other parent does not have visitation rights or has supervised visitation rights; or, (b) there is an existing order for protection under chapter 518B or similar law of another state in effect against the other parent to protect me.

THIS IS THE END OF THE DOCUMENT. THE NEXT PAGE IS THE SIGNATURE PAGE.

IN TESTIMONY WHEREOF, I have hereunto set my hand this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent

IN TESTIMONY WHEREOF, I have hereunto set my hand this: day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Parent

I/We, the undersigned Attorney(s) in Fact hereby accept the foregoing Delegation of Parental Authority.

\_\_\_\_\_  
Signature of Attorney in Fact

\_\_\_\_\_  
Signature of Attorney in Fact

The above-named persons known to me appeared and having been first duly sworn subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

SEAL OR NOTARY STAMP

\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF MINNESOTA

Form drafted by Joseph M. Flanders Attorney at Law, 1050 Cedar Ave. Apple Valley, MN 55124

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