



Power of Attorney (POA) for Parents

Should I use this?

You might need to give someone the power to care for your children temporarily. This might especially be true if you are going to jail or prison, you are being deployed by the military, or you are getting long-term medical treatment, such as an inpatient substance use program.

In Washington State, you can now give someone power of attorney when you will not be available or able to provide care for any child under the age of 18 for whom you are legally responsible. You can give someone POA for as little as one day to as long as 24 months (2 years).

We explain POA here. There is a sample POA form below. There is also a questionnaire to help you gather your thoughts and to give the person with POA the information they will need to take care of the children.

What is a POA for parents?

Parents can temporarily give someone else their powers regarding care, custody, and/or property of the parent's child. The parent does this in writing using a new (in 2020) type of **Power of Attorney** under state law.

Will my child's school honor this POA?

Schools, doctors, banks, and so on **should** recognize and honor your POA. However, you should double-check that your child's school, doctor, bank, and others will accept this document. Before the state passed the POA law on June 11, 2020, a parent could sign a power of attorney only to allow another person to make medical decisions for their child.

How long does this POA last?

This POA can last for up to 2 years from the date you signed it.

After that, you would probably need to sign another POA, or someone might need to seek a more permanent arrangement. This might include a court order of **guardianship**. Read [New Minor Guardianship Law Effective January 1, 2021](#) to learn more.

I gave someone POA for two years. It turns out I don't need it for that long.

You can take back (you can *revoke*) the POA at any time before the POA ends (before it *expires*). You should do this in writing and give a copy to anyone who has a copy of the POA to make sure everyone knows it is no longer good (it is *no longer valid*).

Who can I appoint as my POA?

You can appoint any adult.

Who signs it?

The child's legal parent or parents must sign it.

Does it need to be notarized?

It is not required, but it is a good idea. Check with the school, doctor, bank, and so on. Make sure they will accept a POA that has not been notarized. For some financial matters or federal agencies, such as Social Security, you may need it notarized.

If you do not have the POA form notarized, you must have two witnesses also sign it. The witnesses cannot be your relatives. They cannot be your care providers.

I want to give someone POA of my child. The other parent does not want me to do this.

Talk to a lawyer who does family law. If the child's other parent has the right to time with the child, they might be able to argue that they should have custody and you should not give POA to a non-parent.

The child's other parent has limited or supervised visitation because of their behavior. I don't want my child to live with them full time. What can I do?

If you can, try to talk to the other parent before you leave or become unavailable to care for your child. Ask them if they will agree with and sign the POA. If they refuse, fill out section 7 of the POA very carefully.

My child's other parent is on the birth certificate but has no contact with me or the child.

If the other parent is not involved in the child's life, you can do a POA appointing whomever you want in your absence. **But be aware:** that parent could return and try to get custody of the child. A court could get involved.

I need this POA to last for more than two years.

You might be able to arrange to have another POA signed before the original one expires. The law does not necessarily allow for that.

If you do not do this, someone might need to file a court case asking for guardianship of your children. Read [New Minor Guardianship Law Effective January 1, 2021](#) to learn more.

-
- ❖ We have self-help guardianship packets at WashingtonLawHelp.org that can help both parents and the person filing the guardianship case.
-

After signing POA, I have decided that I do not want that person to take care of my child after all.

You must revoke the POA in writing. You can change your mind and revoke the POA at any time. If you still need someone else to look after the child, you should also draw up and sign (execute) a new one.

Will this POA always be enough for everything my child may need?

Your child's school or doctor might have their own form to allow other people to access your children's records, pick your child up from school, or get care for your child. Ask about those things and fill them out for your child to make sure you have covered everything.

Where should I keep this POA?

Always have a copy of this with you if you can. You should also keep an extra copy in a secure place with your other important documents, in case your purse or wallet is lost.

You should also give a copy to the person to whom you give POA.

Get Legal Help

- **Apply online** - nwjustice.org/apply-online
- **Facing a legal issue in King County** (other than Eviction or Foreclosure)? Call 2-1-1 (or toll-free 1-877-211-9274) weekdays 8:00 am - 6:00 pm. They will refer you to a legal aid provider.
- **Facing a legal issue outside of King County** (other than Eviction or Foreclosure)? Call the CLEAR Hotline at 1-888-201-1014 weekdays between 9:15 am - 12:15 pm or apply online at nwjustice.org/apply-online.
- **Facing Eviction?** Call 1-855-657-8387.
- **Facing Foreclosure?** Call 1-800-606-4819.
- **Seniors (age 60 and over)** with a legal issue outside of King County can also call CLEAR*Sr at 1-888-387-7111.

Deaf, hard of hearing or speech impaired callers can call any of these numbers using the relay service of your choice.

Interpreters provided.

This publication provides general information concerning your rights and responsibilities. It is not intended as a substitute for specific legal advice.

© 2023 Northwest Justice Project — 1-888-201-1014.

(Permission for copying and distribution granted to the Alliance for Equal Justice and to individuals for non-commercial purposes only.)

Power of Attorney Questionnaire

❖ This form is **not** a Power of Attorney. It is a series of questions designed to help you prepare for a power of attorney. It can also help the person or people to whom you give POA.

A. Information about me

Name: _____

Address: _____

Phone Number: _____

Email (if used regularly): _____

B. Information about my children

Child 1

Name: _____ Age _____

This child is a U.S. Citizen: Yes No

If No, country of citizenship: _____

Date of Birth: _____

Whose name is on the birth certificate? Only Mother Both parents

This child lives with me: Yes No

If No, who does the child live with? _____

Child's Address (if child does not live with me):

Child 2

Name: _____ Age _____

This child is a U.S. Citizen: Yes No

If No, country of citizenship: _____

Date of Birth: _____

Whose name is on the birth certificate? Only Mother Both parents

This child lives with me: Yes No

If No, who does the child live with? _____

Child's Address (if child does not live with me):

Child 3

Name: _____ Age _____

This child is a U.S. Citizen: Yes No

If No, country of citizenship: _____

Date of Birth: _____

Whose name is on the birth certificate? Only Mother Both parents

This child lives with me: Yes No

If No, who does the child live with? _____

Child's Address (if child does not live with me):

Child 4

Name: _____ Age _____

This child is a U.S. Citizen: Yes No

If No, country of citizenship: _____

Date of Birth: _____

Whose name is on the birth certificate? Only Mother Both parents

This child lives with me: Yes No

If No, who does the child live with? _____

Child's Address (if child does not live with me):

C. Information about the children's parent

(Fill this out if you do not have sole legal and physical custody of one or more of your children.)

Other parent:

Name: _____

Address: _____

Phone Number: _____

Email (if used regularly): _____

I am married to this person. Yes No

I live with this person. Yes No

This person is a U.S. Citizen. Yes No

This person lives outside the U.S. Yes No

I share legal custody of one or more of my children with this person Yes No

(if Yes, which children? _____)

I share physical custody of one or more of my children with this person Yes No

(if Yes, which children? _____)

Is there a court order concerning custody of your children? Yes No

D. Information about Power of Attorney

Information about the person I want to give Power of Attorney for parental powers

Name: _____

Address: _____

Phone Number: _____

Email (if used regularly): _____

Immigration status: _____

Age: _____

Information about an alternate person I want give Power of Attorney if the first person is incapacitated or cannot fulfill this role

Name: _____

Address: _____

Phone Number: _____

Email (if used regularly): _____

Immigration status: _____

Age: _____

Contacts and other information the person will need

- Bank information:** name, address, and phone number of the branch where I bank, and account numbers:

- School information:** name, address, and phone number of the school(s) where the children are enrolled:

- Medical information:** name, address, and phone number(s) of the children's medical providers:

- Special information:** if a child has any disabilities or medical conditions that the person should know about, explain them here:

Durable Power of Attorney for Parental Powers

Parents and Children

I am / We are (*parent name/s*) _____.

I am / We are age 18 or older and live in Washington State. I am / we are parent/s of the following child/ren:

Child's name and Date of Birth

Child's name and Date of Birth

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

Agent

I / We appoint (*name/s*) _____

as my / our Agent.

Powers

I / We give the Agent the following authority and power:

1. Residential Care (Custody)

I/We authorize our child/ren to remain in the residential care of the Agent. The address the child/ren will live at is _____

I/We do **not** authorize the children to reside with the Agent.

2. Health Care

HIPAA Release – I/We authorize my child/rens' healthcare providers to release all information governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to my Agent.

I/We give authority to the Agent to make the following health care decisions for the child/ren:

Authority to get and provide all necessary health care, including but not limited to evaluations and treatment, emergency and routine medical and dental care, early periodic screening, diagnosis and treatment examinations and immunizations as needed.

Authority to consent to emergent medical care as is necessary to prevent death or serious injury to the child.

Authority to consent to non-emergent medical treatments, including surgery.

Authority to consent to mental health care and substance abuse evaluations and treatment as needed and recommended.

Authority to manage prescribed and over-the-counter medications and to dispense and delegate dispensing.

Other: _____

I/We do **not** authorize health care consent.

3. Child Care, School, Activities

I/We authorize the Agent to make decisions on all other issues regarding the child, including but not limited to:

enrolling the child/ren in child care;

enrolling the child/ren in school and participating in educational decisions;

enrolling the child/ren in extracurricular activities, field trips, and camps and signing the necessary releases allowing them to attend;

making routine day-to-day decisions on behalf of the child, including religious practices, social life, personal care, haircuts, piercings, or tattoos;

I/We do **not** authorize the following: _____

4. Travel

I/We authorize the Agent to do the following travel with the children:

I/We authorize the Agent to take the child/ren out of Washington State for travel with the following restrictions: _____

I/We authorize the Agent to have the right to apply for and renew a passport for the following child/ren: _____

I/We authorize the Agent to take the following child/ren _____ across international borders, from the United States to _____ with the following restrictions (*example: for vacation or visits only*): _____

I/We do **not** authorize the following travel: _____

5. Property

I/We authorize the Agent to make decisions and receive information about the child/rens' property, benefits, and money, including but not limited to Social Security Administration, any state health or welfare benefits, or child care benefits.

State of Washington

County of _____

I certify that I know or have satisfactory evidence that
(parent/s name/s) _____
is / are the person/s who appeared before me. Said person/s acknowledged that they
signed this power of attorney and acknowledged it to be free and voluntary act for the
uses and purposes stated in this power of attorney.

Signed before me on (date): _____

Signature of notary

Print name of notary

Notary Public in and for the
State of _____

My commission expires: _____

(Print seal above)

[] Witnesses

We are both age 18 or older and competent to be witnesses. We are **not** related to the
parent/s by blood, marriage, or state registered domestic partnership. We are **not** care
providers for the parent/s (in-home or residential facility).

We each certify that we know or have satisfactory evidence that
(parent/s name/s) _____
is / are the person/s who appeared before us. The parent/s acknowledged that they signed
this power of attorney and acknowledged it to be free and voluntary act for the uses and
purposes stated in this power of attorney.

Signed before us on (date): _____

Signature of Witness 1

Signature of Witness 2

Print name of Witness 1

Print name of Witness 2

Agent Acknowledgement (Optional)

I acknowledge receipt of the Power of Attorney and consent to the terms and placement of the
children in my care.

Signature of Agent 1 *Date*

Signature of Agent 2 (if any) *Date*