POWER OF ATTORNEY TO DELEGATE PARENTAL OR LEGAL CUSTODIAL POWERS

1. I/We certify that I/we am/are the parent(s) or legal custodian(s) of:

Full name of minor child: _____ Date of birth: _____
Full name of minor child: _____ Date of birth: _____
Full name of minor child: _____ Date of birth: _____
Full name of minor child: _____ Date of birth: _____

2. As defined by § 20-166 of the Code of Virginia, I/We _____
(name of parent/legal custodian or both if joint custody)

designate _____
(insert full name, address, and phone number of designated attorney-in-fact)

as the attorney-in-fact of each child listed above.

3. I/We delegate to the attorney-in-fact all of my/our power and authority regarding the care, custody, and property of each minor child named above, the right to enroll the child in school, the right to inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver concerning school activities, medical and dental treatment, and any other activity, function, or treatment that may concern the child. This delegation shall not include the power or authority to consent to the marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child. I/We understand that this power of attorney shall not operate to change or modify any parental or legal rights, obligations, or authority established by an existing court order or deprive a parent or legal custodian of any parental or legal rights, obligations, or authority regarding the custody, visitation, or support of any child under Title 20 of the Code of Virginia. I/we understand that I/we shall continue to be bound by any obligations in such order. By my/our signature below, I/we certify that I/we am/are not executing this power of attorney for any unlawful purpose or for the primary purpose of enrolling my/our child/children in a school for the sole purpose of participating in the academic or interscholastic athletics programs provided by that school.

4. This power of attorney is **effective for not exceeding 180 days**, beginning _____and ending_____. I/We reserve the right to revoke this authority at any time.

OR

4. I/We am/are a service member and am/are on, or am/are scheduled to be on, active duty for over 180 days. This power of attorney is effective for a period not exceeding the active duty period plus 30 days, beginning ___ _____and ending _____. I/We reserve the right to revoke this authority at any time.

City/County of _____ in the Commonwealth of Virginia

The preceding instrument was subscribed and sworn before me this _____ day of _____, 20 _____ by

_____ _____
Signature of parent/legal custodian/ date *Signature of parent/legalcustodian/date*

Notary Public's signature _____

Notary registration number:_____ My commission expires:_____

POWER OF ATTORNEY TO DELEGATE PARENTAL OR LEGAL CUSTODIAL POWERS

I hereby accept my designation as attorney-in-fact for the minor child/children specified in this power of attorney and agree to act at all times in the best interests of the child/children specified herein and within the limits of the powers delegated to me. I understand that this power of attorney does not change or modify any parental or legal rights, obligations, or authority established by an existing court order or deprive a parent or legal custodian of any parental or legal rights, obligations, or authority regarding the custody, visitation, or support of the child/children specified herein. By my signature below, I affirm that I have received notice of any existing court order regarding the custody, visitation, or support of the child/children and agree to honor the rights of a parent or legal custodian of the child/children as specified in such order.

City/County of _____ in the Commonwealth of Virginia

The foregoing instrument was subscribed and duly sworn before me this ___ day of _____, 20 _____ by

_____ _____

Printed name of attorney-in-fact *Signature of attorney-in-fact / date*

Notary Public's signature _____

Notary registration number:_____ My commission expires:_____