

# FLORIDA MINOR (CHILD) POWER OF ATTORNEY

**1. The Minor.** The purpose of this Minor Power of Attorney is for \_\_\_\_\_  
[Minor's Full Name] born on \_\_\_\_\_, 20\_\_\_\_ (Hereinafter known as the  
'Minor').

**2. The Parent(s)/Guardian(s).** I/We, \_\_\_\_\_ [Name(s) of Parent(s) /  
Guardian(s)], the ☐ Parent or ☐ Court-Appointed Guardian with a street address of  
\_\_\_\_\_ [Street Address], \_\_\_\_\_ [City],  
\_\_\_\_\_ [State].

**3. Attorney-in-Fact.** I/We hereby appoint \_\_\_\_\_ [Name of Attorney-in-  
Fact], who is the \_\_\_\_\_ [Relation to Minor] of the Minor, with a street  
address of \_\_\_\_\_ [Street Address], \_\_\_\_\_ [City],  
\_\_\_\_\_ [State] (Hereinafter referred to as the 'Attorney-in-Fact') as the  
Attorney-in-Fact for the Minor.

**4. Powers.** I/We delegate to the Attorney-in-Fact the powers of: *(Initial the appropriate field(s))*

\_\_\_\_\_ - All legal authority that I/we have as the minor's parent/guardian(s) in the State  
of governing law.

\_\_\_\_\_ - ONLY the authority to \_\_\_\_\_  
\_\_\_\_\_

**5. Effective Date.** This power of attorney document shall be effective beginning on  
\_\_\_\_\_, 20\_\_\_\_ and shall terminate on: *(Initial the appropriate field(s))*

\_\_\_\_\_ - On the date of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_ - In the event of my/our disability.

\_\_\_\_\_ - In the event of my/our death(s).

Regardless of the above-mentioned termination, this Minor Power of Attorney may be terminated by the Parent/Court-Appointed Guardian executing a revocation or by creating a new Minor Power of Attorney.

**6. Governing Law.** This Minor Power of Attorney Form shall be governed under the laws in the State of Florida and, once effective, terminates any prior Minor Power of Attorney.

**Parent / Guardian's Signature** \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Parent / Guardian's Signature** \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Acknowledgment by Attorney-in-Fact**

I, the undersigned Attorney-in-Fact, acknowledge and execute this Minor Power of Attorney Form, and hereby affirm that I accept the appointment and understand the accompanying responsibilities under the Power of Attorney and under the law.

**Attorney-in-Fact's Signature** \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_

\_\_\_\_\_ County, ss.

On this day, the \_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, before me appeared  
\_\_\_\_\_ and \_\_\_\_\_, the Parent(s)/Court-  
Appointed Guardian(s) of \_\_\_\_\_ [Name of Minor] who proved to me  
through government-issued photo identification to be the above-named person(s), in my  
presence executed foregoing instrument and acknowledged that they executed the same as  
their free act and deed.

\_\_\_\_\_  
**Notary Public's Signature**

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_