**Intention of Parents for Care of Minor Child**

 I/We,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [parent 1] and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[parent 2] are the legal parent(s) or guardian(s) of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[name of child], born on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[MM/DD/YYYY]. It is our intention that if one parent is not available to care for the child, the other parent will have custody of our child. If neither parent is available or the child only has one parent and no parent is available, it is the intention(s) of the parent(s) that:

\_\_\_\_\_ the child remain in the residential care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 who is named in the Durable Power of Attorney for Parental Powers. The contact

 information for this person is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(address, phone number, email address)

 and/or

 \_\_\_\_\_\_ the child be reunited with me wherever I am (including my home country).

Contact info for the for me or of someone that can contact me:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (address, phone number, email address)

**This form does not need to be notarized to be valid.**

STATE OF NEW MEXICO, COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ On this day personally appeared before me the individuals whose signatures are below, known to me to be the individuals described herein and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her free and voluntary act and deed, for the uses and purposes herein mentioned. Given under my hand and seal of office this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public for the State of New Mexico residing at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGREED:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Caregiver)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent or Caregiver)

**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 New Mexico 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 (HIPPA) 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 New Mexico 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.

[ ] I/We do not authorize the Agent to make decisions about the child/rens’ property,

benefits, and money.

**6. Duration**

The Durable Power of Attorney is effective immediately upon signature of the parent/s and

shall continue throughout any later disability or incapacity of the parent/s.

This authorization lasts until (date up to 24 months ahead) ,

unless I/we revoke it before it expires. If both parents signed, either parent can revoke this Power of Attorney and end this authorization at any time by giving actual notice of the revocation to the Agent.

**7. Parent's Authority**

Check one:

[ ] Both parents agree and are signing this Power of Attorney.

[ ] I am the child’s only legal parent.

[ ] I have sole decision-making authority from a court-ordered Parenting Plan.

[ ] The other parent (name) has not signed this Power of Attorney because:

**8.Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent 1 Date Signature of Parent 2 Date

|  |
| --- |
| Important! Parent/s must sign in front of a notary or two witnesses. Witnesses must:▪ Not be related to the parent/s by blood, marriage, or state registered domestic partnership,▪ Not be a care provider for the parent/s (in-home or residential facility) |

Choose Notary or Witnesses (you do not need both)

**[ ] Notary**

State of New Mexico

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