

**SPECIAL POWER OF ATTORNEY  
(IN LOCO PARENTIS-CHILD CARE)**

**PREAMBLE:** This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10 United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented. **All adjutants and assistant adjutants; commanding, executive, and administrative officers; legal officers; officers in the grade of O-4 and above; and Marine Corps E-4 and above while holding a legal assistance billet are authorized to act as federal notaries under title 10 of the United States Code section 1044a.**

KNOW ALL PERSONS BY THESE PRESENTS: That I, \_\_\_\_\_, currently residing at:  
(Entire Full Name of Principal)  
\_\_\_\_\_, have this day appointed \_\_\_\_\_,  
(Physical address, not PSC) (Entire Full Name of Agent)  
currently residing at \_\_\_\_\_, to serve as my true and lawful agent(s), GIVING  
AND  
(Physical address, not PSC)

GRANTING unto my said agent(s) full power to:

1. Act as legal guardian of my child herein named, including more specifically in loco parentis, to accomplish and all acts necessary to enroll, register, and take care of any and all matters pertaining to school matriculation and attendance, and to execute any parental consent forms for said child, and to execute all necessary documents, instruments or papers and perform all acts necessary to accomplish the foregoing.

2. Authorize any and all medical, dental, and hospital care and treatment, including major surgery, deemed necessary by a duly authorized and licensed physician for the health and well-being of my child herein named. In caring for and maintaining said child my agent(s) are authorized to perform those parental functions and make those decisions as would I, the legal parent and guardian if I were present, and to execute all necessary documents, instruments or papers and perform all acts necessary to accomplish the foregoing.

<u>FULL NAME OF CHILD</u>	<u>BIRTH DATE</u>	<u>AGENT'S RELATIONSHIP TO CHILD</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FURTHER, I do authorize my agent(s) to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. I further declare that any act or thing lawfully done hereunder by my said agent(s) shall be binding on myself and my heirs; legal and personal representatives, and assigns whether the same shall be done either before or after my death, or other revocation of the instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorneys.

PROVIDED, however, that all actions taken hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said agent(s) for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said agent(s) and the designation "agent(s)."

FURTHER, I declare that this power shall remain in effect even though I am reported or listed, officially or otherwise, as "missing," "missing in action" or "prisoner of war," it being my intention that the designation of such status shall not bar my said agent(s) from fully and completely exercising and continuing to exercise any and all powers and rights herein granted until this power is revoked by my death or as otherwise provided herein.

FURTHER, this power shall not be affected should I subsequently become disabled or incapacitated.

FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID from and after the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (expiration date) **(NO MORE THAN 1 YEAR)**

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date, or if at any time within thirty (30) days immediately preceding that date, I should be, or have been, carried in a military status as "missing," "missing in action" or "prisoner of war," then this power shall automatically continue to remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status.

IN WITNESS WHEREOF I have hereunto set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. (today's date)

\_\_\_\_\_  
Signature of Principal  
*(DON'T SIGN UNTIL IN FRONT OF A NOTARY)*

**ACKNOWLEDGMENT**

**WITH THE ARMED FORCES OF THE UNITED STATES ON OKINAWA, JAPAN**

I, \_\_\_\_\_, the undersigned notary public, do hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, who is known to me to be the identical person who is described in, whose name is subscribed to, and who signed and executed the foregoing instrument. Further, after having made known to him/her the contents thereof, he/she personally acknowledged to me that he/she signed and sealed the same as his/her true, free, and voluntary act and deed for the uses, purposes, and considerations therein set forth.

**ALL ADJUTANTS AND ASSISTANT ADJUTANTS; COMMANDING, EXECUTIVE, AND ADMINISTRATIVE OFFICERS; LEGAL OFFICERS; OFFICERS IN THE GRADE OF O-4 AND ABOVE; AND MARINE CORPS E-4 AND ABOVE WHILE HOLDING A LEGAL ASSISTANCE BILLET ARE AUTHORIZED TO ACT AS FEDERAL NOTARIES UNDER TITLE 10 OF THE UNITED STATES CODE SECTION 1044A. NO SEAL REQUIRED BY LAW.**

\_\_\_\_\_  
Signature of Notary  
Name of Notary:  
Rank and/or Title:  
Organization:  
Expiration: