

Delegation of Parental Powers Form

Notice to person receiving this form: ORS 109.056 allows a parent or guardian of a minor child to delegate parental powers to another person for six months (or 12 months if the person is a school administrator) using a delegation of parental authority. If you receive a signed copy of this form, you must allow the person named in this form to make decisions for the minor named in this form. If you have questions about your responsibilities upon receiving this form, please talk to a lawyer.

Parent or Guardian Certification

I certify that I (full legal name): _____ am the legal parent or guardian of the following minor children:

Child #1's full legal name

Date of birth

Child #2's full legal name

Date of birth

Child #3's full legal name

Date of birth

Delegation of Powers

Pursuant to ORS 109.056, I delegate parental powers for the above-named children to:

Full legal name

Date of birth

Email

Phone number

Address

I designate the above-named person to be my attorney-in-fact. This person may exercise the following parental powers for the children named in this form (*select all that apply*):

- Medical authority.** The person named in this form may make all medical decisions, including routine care, dental care, emergency care, and other medical decisions, for the children named in this form. This person shall have access to all medical and dental records for the minor children named in this form.

- Educational authority.** The person named in this form may make all educational decisions, including enrolling the children in school and attending school activities, for the children named in this form. This person shall have access to all educational records for the minor children named in this form.
- Access to government records.** The person named in this form may inspect and receive governmental agency and law enforcement records concerning the children named in this form to the same extent as the parent or guardian.
- Other authority.** I also grant the person named in this form the following specific powers (*write-in*):

This delegation does not include the power or authority of the person named in this form to consent to the minor child/ren’s marriage or adoption.

Length of Authority

I give permission for the person named in this form to make the above decisions for my child for (*choose one*):

- Six months from the date this form is signed.
- For a period not to exceed six months, beginning upon the occurrence of arrest, deportation, incapacity, or similar event that renders the above-mentioned minor child/ren without an available parent or legal guardian, and ending six months from that date. I reserve the right to revoke this authority at any time.
- Through my active military duty period, plus 30 days.
- For 12 months from the date this form was signed, **IF** this form is only being used to give a school administrator permission to make educational decisions for the minors named above.

I reserve the right to revoke this authority at any time.

Date

Name of parent or guardian

Signature of parent or guardian

I hereby accept the powers granted to me in this form and agree to act as attorney-in-fact for the minor named in this form.

Name of attorney-in-fact

Signature of attorney-in-fact

Revocation of Parental Authority Form

Notice to person receiving this form: If you receive this form, the attorney-in-fact named in this form may not continue to make decisions for the minor children named below. This person may not continue to receive information or records related to the children. If you previously gave this person access to records through a website, app, or online portal, please review this person's permissions to ensure they no longer have access to the children's private information and records. If you have questions about your obligations upon receiving this form, please talk to a lawyer.

I (*name of parent or guardian*): _____ hereby

revoke (cancel) the delegation of parental authority granted to (*name of attorney-in-fact*):

_____ for the following minor children:

Child #1's full legal name

Date of birth

Child #2's full legal name

Date of birth

Child #3's full legal name

Date of birth

The above-named person's authority to act as attorney-in-fact for me is revoked on the date listed below.

Date

Name of parent or guardian

Signature of parent or guardian