

COLUMBIA COMMUNITY MENTAL HEALTH  
INSTRUCTIONS FOR DELEGATION OF PARENTAL/GUARDIAN POWERS FORM

This delegation designates another person (called the “attorney-in-fact”) to make decisions regarding a minor child/ren in lieu of the child/ren’s parent or legal guardian. The “attorney-in-fact” can be any reliable person and does not have to be a lawyer. It is not a court order. It is accepted by many, but not all, people or organizations as proof that the person has the legal right to make decisions for the child/ren.

**A parent/legal guardian who does not agree with the decisions of the attorney-in-fact has more authority over the child than the attorney-in-fact.** This form cannot be used to transfer custody or to supersede the right of the other parent. It does not affect the rights of the child’s parents regarding the care, custody and control of the child and can be withdrawn at any time.

First, fill out the specific information regarding the child/ren and the attorney-in-fact as designated on the form.

Next, indicate what powers you are giving to the attorney-in-fact over your minor child/ren. The first box is for a general delegation granting all powers a parent would ordinarily have over the child/ren. The second box allows you to state the specific responsibilities and powers you want to grant. If you choose to select specific powers, be sure to list what those powers are in the box provided. The completed delegation form must be signed by both the parent or legal guardian and the attorney-in-fact.

Under Oregon law, a delegation of parental/guardian rights is effective for a maximum of six months. You can limit this time period to as little as you want, but you cannot extend it beyond six months. If you need another power of attorney after six months, a new power of attorney may be signed. Persons in the US Armed Forces called to active duty can have a power of attorney last through the active duty period plus 30 days.

The parent or legal guardian granting the power can withdraw (revoke) that power at any time, even before the expiration date on the power of attorney. It is best that the withdrawal be in writing. A form called *Revocation of Delegation of Parental/Guardian Powers* is attached. If you are a parent/guardian withdrawing the power, be sure to fill out the revocation form and deliver it to the person to whom you granted the power and to those people or organizations to whom you gave a copy of the delegation form. The withdrawal is effective immediately upon delivery.

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COLUMBIA COMMUNITY MENTAL HEALTH  
DELEGATION OF PARENTAL/GUARDIAN POWERS

I certify that I am the parent or legal guardian 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)

("minor child/ren"). I designate \_\_\_\_\_,  
(FULL NAME OF ATTORNEY-IN-FACT)

\_\_\_\_\_  
(STREET ADDRESS, CITY, STATE AND ZIP CODE OF ATTORNEY-IN-FACT)

\_\_\_\_\_  
(HOME PHONE OF ATTORNEY-IN-FACT)

\_\_\_\_\_  
(WORK PHONE OF ATTORNEY-IN-FACT)

as the undersigned's attorney-in-fact with respect to the minor child/ren under ORS 109.056.

- I delegate to the attorney-in-fact all of my power and authority regarding the care, custody and property of the minor child/ren, including but not limited to the right to enroll the minor child/ren in school, inspect and obtain copies of education records and other records concerning the minor child/ren, the right to attend school activities and other functions concerning the minor child/ren, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the minor child/ren. **OR**
  
- I delegate to the attorney-in-fact the following specific powers and responsibilities (write in):

This delegation does not include the power or authority of the attorney-in-fact to consent to the minor child/ren's marriage or adoption.

SELECT ONE:

- This power of attorney is effective for a period not to exceed six months, beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_. I reserve the right to revoke this authority at any time.
- I am in the US Armed Forces and have been called to active duty. This power of attorney is effective through my active duty period plus 30 days.

By: \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN SIGNATURE)

I hereby accept my designation as attorney-in-fact for \_\_\_\_\_  
(MINOR CHILD/REN)  
as specified in this power of attorney.

\_\_\_\_\_  
(ATTORNEY-IN-FACT SIGNATURE)

COLUMBIA COMMUNITY MENTAL HEALTH  
REVOCATION OF DELEGATION OF PARENTAL/GUARDIAN POWERS

I hereby revoke (withdraw) the delegation of parental/guardian powers over my minor child/ren:

\_\_\_\_\_ (FULL NAME OF MINOR CHILD) \_\_\_\_\_ (DATE OF BIRTH)

\_\_\_\_\_ (FULL NAME OF MINOR CHILD) \_\_\_\_\_ (DATE OF BIRTH)

\_\_\_\_\_ (FULL NAME OF MINOR CHILD) \_\_\_\_\_ (DATE OF BIRTH)

that was granted to \_\_\_\_\_ on the  
(FULL NAME OF ATTORNEY-IN-FACT)

following date \_\_\_\_\_. That delegation is now revoked.

By: \_\_\_\_\_  
(PARENT/LEGAL GUARDIAN SIGNATURE)

Today's date: \_\_\_\_\_