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**GENERAL INFORMATION AND INSTRUCTIONS
FOR POWER OF ATTORNEY OVER CHILD**

Enclosed is a proposed Power of Attorney form for you to give another person the authority to obtain necessary emergency and non-emergency medical and dental care for your child(ren). This Power may allow the non-custodial "attorney" the right to enroll your child in school or to obtain other educational services if the child is to be residing somewhere other than Ohio or in the custodial parents' school district. With this power, you are permitting another person to act on your behalf for your child. You should carefully select the person to whom you are giving this power. A power of attorney is not a grant of custody, and should not be construed as such.

You should complete the form as shown according to the enclosed sample. You and your appointed attorney-in-fact both need to sign the document in front of a notary public. You should give the original to your appointed attorney-in-fact, and keep a copy for yourself.

If you want the power of attorney to end before your child is 18, you must complete the appropriate line. This Power of Attorney may be ended or withdrawn by you at any time. If you wish to end the Power of Attorney, you should write to your appointed attorney-in-fact, telling the person you are ending the Power of Attorney or use the enclosed form. Keep a copy of your letter (or form) for your records. You should keep your appointed attorney-in-fact- informed AT ALL TIMES as to how to contact you if medical or dental care is needed for the child.

NOTE: this Power of Attorney should not be construed as a consent to custody or consent to adoption.

P O W E R O F A T T O R N E Y

_____, parent, and _____
do hereby enter into the following agreement:

1. I, _____, SSN#: _____ of
_____, County of _____,
State of _____, mother/father of _____
_____, born _____ SSN: _____, grant
_____ the power to obtain and consent to
necessary enrollment in school and other educational services,
emergency and non-emergency medical and dental care and treatment and
to execute any documents necessary to obtain needed medical and dental
care. _____ shall keep me promptly informed
of any medical and dental care obtained for the child. This power
expires upon the child attaining the age of 18 or on _____.

2. I, _____ SSN#: _____, of
_____, County of _____,
State of _____, do hereby accept the above Power of
Attorney and shall keep _____ promptly informed of any
medical and dental care obtained for the child.

3. This power of attorney should not be construed as a consent to
custody or adoption.

Parent

Attorney in fact

Sworn to before me and subscribed in my presence this _____
day of _____, 199 ____.

Notary Public

POWER OF ATTORNEY

(YOUR NAME), parent, and (PERSON'S NAME GETTING POWER)

do hereby enter into the following agreement:

1. I, (YOUR NAME), SSN#: (YOUR SSN#) of (YOUR ADDRESS), County of (COUNTY OF RESIDENCE) State of (PUT STATE), mother/father of (CHILD'S NAME) born (DATE OF BIRTH) SSN: (CHILD'S #), grant (PERSON GETTING POWER) the power to obtain and to consent to enrollment in school and other educational services, to necessary emergency and non-emergency medical and dental care and treatment and to execute any documents necessary to obtain needed medical and dental care. (PERSON GETTING POWER)

shall keep me promptly informed of any medical and dental care obtained for the child. This power expires upon the child attaining the age of 18 or on (IF YOU WANT TO EXPIRE EARLIER, PUT DATE)

2. I, (PERSON GETTING), SSN#: (PERSON'S SSN#), of (PERSON'S ADDRESS), County of (COUNTY) State of (STATE), do hereby accept the above Power of Attorney and shall keep (YOUR NAME) promptly informed of any medical and dental care obtained for the child.

3. This power of attorney should not be construed as a consent to custody or adoption.

BOTH SIGN IN FRONT OF NOTAR
Parent Attorney in fact

Sworn to before me and subscribed in my presence this ___ day of ___ 199__.

Notary Public

REVOCATION OF POWER OF ATTORNEY

I, _____, whose permanent address is _____, hereby revoke and render void any and all powers of attorney I may have previously given to any person to act in my stead, including but not limited to any power of attorney over my person or estate at any time in the past.

I further attest that a photostatic copy of this Revocation of Power of Attorney constitutes a "duplicate original" of said Revocation of Power of Attorney and thus is as effective as the original revocation itself.

Signature

Sworn to and subscribed before me, a Notary Public, this _____ day of _____, 199__.

Notary Public

By our signatures below, we attest that _____
_____ did sign and acknowledge this Revocation of Power of Attorney before us on the date set forth above.

Witness

Witness