



**LIMITED POWER OF ATTORNEY FOR CARE OF MINOR CHILD(REN)**

Please complete the below document. This document is a limited power of attorney, which allows the guardian to make decisions on the education and welfare of the named child whilst the parents are not in Hong Kong. The ‘Natural Parents’ are the legal parents of the child. The “Attorney in fact” is the guardian.

I/we, \_\_\_\_\_, adult resident citizen(s) of \_\_\_\_\_  
\_\_\_\_\_, hereinafter “Natural Parent(s)”, residing at \_\_\_\_\_  
\_\_\_\_\_ (Address),  
state the following:

1. Natural Parent(s) is/are the parent(s) of the following Minor Child(ren):

	Name	Age	Date of Birth (DD/MM/YY)
Child 1	_____	_____	_____
Child 2	_____	_____	_____

2. Natural Parent(s) have made, constituted and appointed, and by these presents do make, constitute and appoint, \_\_\_\_\_(name), \_\_\_\_\_  
\_\_\_\_\_(Address), as our/my true and lawful Attorney-in-Fact, hereinafter “Attorney-In-Fact”, to act with the limited powers in regard the Minor Children named above. As such, the Attorney-in-Fact shall be the guardian for the above named Minor Child(ren).

3. The Attorney-in-Fact named in paragraph two (2) shall have the following powers in regard to the health, education and general welfare of the Minor Child(ren) named in paragraph one (1), to wit:

(a) To act for and on behalf of the undersigned to consent to medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed in Hong Kong, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor Child(ren) is/are in the presence of said Attorney-in-Fact. It is understood that this power is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority on the part of the Attorney-in-Fact to give consent to any and all such diagnosis, treatment, or hospital care which a physician or surgeon may deem advisable; and

(b) To do and perform any and all acts necessary or required that a natural parent would perform in reference to the education of the Minor Child(ren). It is expressly the intent of the Natural Parent (s) that the Attorney-in-Fact is hereby given wide discretion in education matters and that all educational institutions shall recognise and follow the instructions of the Attorney-in-Fact in regard to the education of such Minor Child(ren); and

(c) To perform and provide discipline to said Minor Child(ren) as if said Attorney-in-Fact were the Natural Guardian of said Minor Child(ren); and



(d) To perform and act as Natural parent in reference to any and all legal matters necessary or desirable for the custody, care and education of said Minor Child(ren); and

(e) The Attorney-in-Fact may execute any and all such documents or other papers in the following form:  
“ \_\_\_\_\_, Attorney-in-Fact for {name applicable Child}, a Minor Child”.

4. The Natural Parent(s) hereby release the Attorney-in-Fact from any and all liability and damages of any kind or character whatsoever for the performance of the duties herein provided in consideration for the Attorney-in-Fact’s acceptance of the duties specified herein.

5. This Power of Attorney and the powers of the Attorney-in-Fact shall begin on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_ and remain effective through the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_, unless sooner revoked in writing by the Natural Parent(s).

6. This Power of Attorney may be terminated or revoked by one or both of the Natural Parent(s), by delivery of a written Notice of Termination to the Attorney-in-Fact at any time.

7. Natural Parent(s) further declare that any act or thing lawfully done hereunder and within the powers herein stated by said Attorney-in-Fact shall be binding on the Natural Parent(s) and their heirs, legal and personal representatives and assigns.

I/We have hereunto set my/our hand and seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Natural Parent**

**Attorney-in-Fact**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

**Witness**

**Witness**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_



### 照顾未成年子女的有限授权委托书

请填写下列文件。本文件是一份有限授权委托书，允许监护人于父母不在香港期间为所述子女的教育和福利作出决定。「亲生父母」是子女的法定父母。「受托人」是监护人。

我 / 我们，\_\_\_\_\_，为\_\_\_\_\_的  
成年居民，下称「亲生父母」，现居于\_\_\_\_\_（地址），

谨作以下陈述：

2. 亲生父母是下列未成年子女的父 / 母：

	姓名	年龄	出生日期 (日/月/年)
子女 1	_____	_____	_____
子女 2	_____	_____	_____

2. 亲生父母已作出、构成及任命，并根据本文件作出、构成及任命，\_\_\_\_\_ (姓名)，\_\_\_\_\_ (地址)，作为我们 / 我的真实合法受托人，下称「受托人」，执行就上述未成年子女的有限权力。如此，受托人应为上述未成年子女的监护人。

3. 第二(2)段所述受托人有权就第一(1)段所述未成年子女的健康、教育和一般福利作出以下行动，包括：

(a) 代表下方签名人同意其未成年子女，在香港注册内科或外科医生认为恰当和一般或具体监督下，接受内科或外科诊断或治疗或住院护理，不论这样的诊断或治疗是在上述医生诊所或医院内进行，期间上述受托人需要全时间在场。这一权力可理解为在任何必须进行的特定诊断、治疗、或医院护理以先均为有效，并授权受托人可同意在内科或外科医生认为恰当下进行任何及所有同类诊断、治疗、或医院护理；以及

(b) 作出和执行任何及所有必要或必需的行动，就是亲生父母会因应未成年子女的教育所作出的行动。亲生父母的明确意愿是给予受托人在教育事宜上广泛的酌情权并所有教育机构应当承认及遵循受托人对上述未成年子女在教育方面的指令；以及



- (c) 上述受托人可执行及纪律上述未成年子女如同其亲生父母一样；以及
- (d) 就上述未成年子女必要或恰当的托管、照顾和教育有关的任何及所有法律事务，代表其亲生父母执行及采取行动；以及
- (e) 受托人在执行任何及所有同類文件或其他文件時可使用以下形式：“\_\_\_\_\_，未成年子女 {適用子女姓名} 之受托人。
4. 亲生父母特此豁免受托人在履行本委托书所规定义务期间引致的任何及所有责任和任何种类或性质的损失，基于受托人愿意接受本委托书中规定的义务。
5. 本委托书和受托人的权力由20\_\_年\_\_月\_\_日起生效，直至20\_\_年\_\_月\_\_日，除非亲生父母提前以书面作出撤销。
6. 亲生父母可单方或双方面在任何时候向受托人发出书面终止委托通知作为终止或撤销本委托书。
7. 亲生父母进一步声明，上述受托人在本委托书规定下及在权力范围内作出的任何行动或合法行为对亲生父母及其继承人、法律及个人代表及受让人均具有约束力。
- 我 / 我们谨于20\_\_年\_\_月\_\_日签名、盖章，以示信守。

签名Signature

\_\_\_\_\_

**亲生父母Natural Parent**

姓名Name:

\_\_\_\_\_

地址Address:

\_\_\_\_\_

签名Signature

\_\_\_\_\_

**见证人Witness**

姓名 Name:

\_\_\_\_\_

地址Address:

\_\_\_\_\_

签名Signature

\_\_\_\_\_

**受托人Attorney-in-Fact**

姓名Name:

\_\_\_\_\_

地址Address:

\_\_\_\_\_

签名Signature

\_\_\_\_\_

**见证人Witness**

姓名 Name:

\_\_\_\_\_

地址Address:

\_\_\_\_\_