

**POWER OF ATTORNEY
DELEGATING PARENTAL AUTHORITY**

STATE OF ARIZONA)

County of Gila)

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, currently residing at _____,
Parent Name Address
_____, State of Arizona, in support of this Power of Attorney delegating parental authority,
City
affirmatively state:

1. That I am the natural parent of the minor child _____. I recognize that it is in my child's best interest to remain in the temporary care, custody and control of _____, who reside at _____, Arizona.

Upon this premise, I therefore appoint _____ as my true and lawful attorneys in fact, acting for me and in my name, place instead and hereby delegate to them any powers that I may have regarding the care, custody and control or property of the minor child, including, but not limited to the following:

A. Said attorneys are empowered to facilitate the minor child's education and are specifically vested with discretion to decide which schools and educational facilities in which to enroll the minor child. Further, said attorneys shall have the power to authorize medical or other professional care, treatment, or advice, including the admission of the minor child into any hospital or emergency facility. The attorneys are not liable by reason of this authorization for injury to the minor child resulting from the negligence or acts of third persons unless it would have been illegal for a parent to have consented.

B. The domicile of the minor child shall, at all times during the validity of this Power of Attorney, be the same as the domicile and residence of said attorneys. The minor child shall be considered a domiciliary of the state of residence of said attorneys for purposes of all legal actions commenced which affect the welfare and interest of the minor child.

C. The powers herein delegated are pursuant to A.R.S. 14-5104. Any powers delegated herein, which are inconsistent with any portion of the Arizona Revised Statutes, Title 14, Chapter 5, shall be deemed severable from other powers declared herein which are valid.

D. This Power of Attorney shall terminate in six (6) months from the date of this document.

IN WITNESS THEREOF, I have signed by name this _____ day of _____, 20_____

Parent Signature

On this _____ day of _____, 20_____, the undersigned Notary Public, personally appeared known to me (or satisfactorily proven) to be the person whose name is subscribed to the foregoing instrument, and acknowledge the execution of same for the purposes therein contained.

In witness thereof, I hereunto set my hand and official seal.

Notary Public

My Commission Expires: _____