

**POWER OF ATTORNEY AND
DELEGATION OF PARENTAL POWERS**

I, _____, certify that I am the parent of the minor child _____, d.o.b. _____, possessing all rights, powers, and duties recognized in law regarding the parent/child relationship. I further certify that no court of competent jurisdiction has entered any order which modified or terminated such parental rights, powers, and duties. By this document I hereby delegate to _____ who resides in _____ County, Arizona, all the parental powers that I have regarding the care, custody and control of the above-named minor child, and in particular (but not limited to) the power to make all decisions regarding the provision of medical care for the minor, during the period from _____, 200__ through _____, 200__ inclusive, in accordance with the provisions of Arizona Revised Statutes § 14-5104, which states as follows:

A parent or guardian of a minor or incapacitated person, by properly executed power of attorney, may delegate to another person, for a period not exceeding six (6) months, any powers he may have regarding care, custody, or property of the minor child or ward, except power to consent to marriage or adoption of the minor.

Dated _____

Parent's signature

State of _____)

: ss.

County of _____)

This instrument was acknowledged before me this _____ day of _____, 20____,
by _____.

My Commission Expires:

Notary Public