

POWER OF ATTORNEY OVER A MINOR BY PARENT OR GUARDIAN

(Delegation of Powers Over Minor Child under AS 13.26.066)

I, _____, certify that I am the parent or guardian of the minor child(ren) listed below, and I designate _____ (name of attorney) as the attorney-in-fact of each named minor child.

Full Name of Minor Child	Date of Birth

I delegate to the attorney-in-fact:

ALL of my power and authority regarding the care and custody of each minor child named above. This includes the right to enroll the child in school, the right to inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the child, and the right to give or withhold any consent or waiver with respect to school activities, medical treatment, dental treatment, and other activity, function, or treatment that may concern the minor child. This delegation does not include the power or authority to consent to the marriage or adoption of the minor child, the performance or inducement of an abortion on or for the minor child, or the termination of parental rights to the minor child.

ONLY the following specific powers and responsibilities (if you choose to write in specific powers and responsibilities here, then the general delegation above does not apply). This delegation must not include the power or authority to consent to the marriage or adoption of the minor child, the performance or inducement of an abortion on or for the minor child, or the termination of parental rights to the minor child.

For Non-Military Parents or Guardians: This power of attorney will last for a period not to exceed one year beginning on _____ and ending on _____. However, I retain the right to revoke this power of attorney at any time.

For Military Parents or Guardians: I am a military parent or guardian under AS 13.26.066(d). My active duty is scheduled to begin on _____ and estimated to end on _____. I acknowledge that this power of attorney will not last more than one year, or the term of my active duty service plus 30 days, whichever period is longer. I retain the right to revoke this power of attorney at any time.

(Date) _____
(Parent/Guardian Signature)

(Street address, city, state, and zip code) _____
(Phone)

Acknowledgement

This is to certify that on this _____ day of _____, 20_____, the persons who executed the above instrument appeared before me personally in _____, Alaska and acknowledged to me that they signed the same freely and voluntarily for the purposes stated in it.

(SEAL) _____
(Notary Public)
My commission expires: _____

For Attorney-in-Fact: I accept my designation as attorney-in-fact for the minor child/children identified in this power of attorney.

(Date) _____
(Attorney-in-Fact Signature)

(Street address, city, state, and zip code) _____
(Phone)

Acknowledgement

This is to certify that on this _____ day of _____, 20_____, the persons who executed the above instrument appeared before me personally in _____, Alaska and acknowledged to me that they signed the same freely and voluntarily for the purposes stated in it.

(SEAL) _____
(Notary Public)
My commission expires: _____