

ALABAMA MINOR CHILD POWER OF ATTORNEY
{DELEGATION OF POWERS BY PARENTS(S)}

KNOW ALL MEN BY THESE PRESENTS, that in accordance with §26-2A-7, Code of Alabama, 1975, we _____ (Mother) and _____ (Father), the natural parent(s) of _____ (Minor Child), whose current age is _____ (years/months) and whose date of birth is _____, do delegate to: _____, whose address is _____, the following powers of consent over said child:

It is my/our intention that the person named above shall have all the powers of the heretofore stated, except the power to consent to marriage or adoption, of said child, for a period not exceeding one year from the date hereof. We further understand that this temporary power of attorney (delegation) of our parental powers does not relieve us of the primary responsibility of our child;

GIVING AND GRANTING unto said person, full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes for the benefit of our child, as we might or could do if personally present, hereby ratifying and confirming all that the said person shall lawfully do or cause to be done by virtue of this power of attorney (delegation of powers) and the rights and powers herein granted;

The above Power of Attorney (Delegation of Powers) of the above named person herein granted shall commence and be in full force and effect on the date set forth below; and such powers shall remain in full force and effect until ONE YEAR from the date set forth below;

IN WITNESS WHEREOF, we have signed this Power of Attorney (Delegation of Powers) on this the _____ day of _____, _____.

Sworn to and subscribed before me this

_____ day of _____, _____.

(Mother)

Notary Public

(Father)



INSTRUCTIONS

Pursuant to §26-2A-7, Code of Alabama, 1975, a parent wishing to give consent to another person for the care of their child, for a temporary period of time, must fill out one of these forms and have the document recorded in the office of the Probate Judge.

- # The Power of Attorney form {Delegation of Powers by Parent(s)} is for the parent(s) to complete. The parent(s) must state in the blank space provided, what powers are to be given the person who has the care of the child. (Permission to consent to medical treatment, permission to take trips, etc.) This procedure does not relieve the parent(s) of legal obligations to the child.
- # The form **must** be signed in front of a notary public before recording in the office of the Judge of Probate. No clerk in this office can assist in the preparing of this form. The cost of recording this document is **\$10.50**.
- # If you do not understand this procedure and do not fill out the forms correctly, it is the suggestion of this office that you seek legal advice in the preparation to ensure its accuracy.

THIS DELEGATION IS GOOD FOR ONE 1 YEAR FROM THE DATE OF SIGNING. IF THE DELEGATION IS NEEDED FOR A LONGER PERIOD OF TIME, IT MUST BE RENEWED EVERY YEAR.

IT IS SUGGESTED YOU CHECK WITH THE INSTITUTION OR ORGANIZATION REQUIRING THIS FORM PRIOR TO COMPLETING THIS FORM. THIS DELEGATION IS SUBJECT TO THE RULES AND REGULATIONS OF SCHOOLS, ORGANIZATIONS, MEDICAL AND RECREATIONAL FACILITIES.

