

ALASKA MINOR CHILD POWER OF ATTORNEY
FOR DELEGATING THE POWERS OF A PARENT OR GUARDIAN

Section 1. I certify that I am the parent or guardian of:

(Full name if minor child)

(Date of Birth)

(Full name if minor child)

(Date of Birth)

(Full name if minor child)

(Date of Birth)

who is a minor child/are minor children.

Section 2. I designate

(Full name of attorney-in-fact)

(Street address, city, state, and zip code of attorney-in-fact)

(Home telephone of attorney-in-fact)

(Work telephone of attorney-in-fact)

as the attorney-in-fact of each minor child named above.

Section 3. I delegate to the attorney-in-fact all of my power and authority regarding the care and custody of each minor child named above, including 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.

OR

Section 4. I delegate to my attorney-in-fact the following specific powers and responsibilities (write in):



Delegation under this section 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.

(If you complete Section 4, Section 3 does not apply).

Section 5. This power of attorney is effective for a period not to exceed one year, beginning _____, 20 _____, and ending _____, 20 _____. I reserve the right to revoke this authority at any time.

OR

Section 6. I am a military parent or guardian under AS 13.26.066(d). My active duty is scheduled to begin on _____, 20 _____, and is estimated to end on _____, 20 _____. 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.

By: _____
(Parent/guardian signature)

Section 7. I hereby accept my designation as attorney-in-fact for the minor child/children identified in this power of attorney.

(Attorney-in-fact signature)

State of _____

_____ Judicial District

ACKNOWLEDGMENT

Before me, the undersigned, a Notary Public, in and for the Judicial District and State identified above, on this ____ day of _____, 20 _____, personally appeared _____ (name of parent/guardian) and _____ (name of attorney-in-fact), to me known to be the persons who executed this power of attorney, and each acknowledged to me that each executed the same as the person's free and voluntary act and deed for the uses and purposes set out in this power of attorney.

Witness my hand and official seal the day and year written above.

(Signature of notary public)

(Seal, if any)

(Title and rank)

My commission expires: _____

