## ARKANSAS MINOR CHILD POWER OF ATTORNEY FORM

	That I,	, of	County, Arkansas, being the natural	
mother/father of		[hereafte	er the "child"] appoint of	
	County, A	Arkansas, my tru	e and lawful attorney-in-fact for me and in	
my na	me, place and stead	d and in my beha	alf, and to do and perform all of the following	
respon	sibilities and have	all the rights in	connection therewith:	
1.	Perform and act a	as and for me in	a parental capacity as and to the child;	
2.	Give consent and permission for any kind of medical care and treatment, and to			
	sign any papers to have the child admitted to a hospital for such purpose, or as			
	may be required to maintain the health of the child;			
3.	Give consent and permission for enrollment in and admission to school and to			
	resolve problems arising from school attendance, and to sign any papers necessary			
	for such purpose or sign other documents relating to the child's welfare at school;			
4.	Perform any act r	necessary to obta	in relief or aid that might benefit the child;	
5.	Perform any other acts for support, health, and general care of the child as may be			
	required or necessary.			
6.	I,	, do h	nereby give and grant to	
	my said Attorney-in-fact, full power and authority to do and perform any and all			
	acts required to protect and promote the welfare of the child, as fully and for all			
	intents and purposes as I might or could do if I were personally present at the time			
	thereof, hereby ratifying and confirming all that my said Attorneys may or shall			
	lowfully			



do or cause to be done by virtue of this Power-of-Attorney and the rights and powers herein granted.

## (If you want a revocation date in advance)

7. This Power of Attorney appointing (Nan	This Power of Attorney appointing (Name of Agent) as my agent and attorney in			
fact performing and acting for me in a pa	arental capacity for my child,			
, will be revoked auto	omatically on			
8. It is not my intention to relinquish my pa	arental rights in and to my child.			
IN TESTIMONY WHEREOF, I have hereunto, 20	set my hand this day of			
	(NAME OF PARENT)			
STATE OF ARKANSAS )				
COUNTY OF) ss				
On this day of, 20, the known to be the person described in and who exacknowledged that he/she executed the same as is the	a free act and deed, and that (mother/father) of said children.			
IN WITNESS WHEREOF, I have hereu	nto set my hand and seal this day			
of, 20				
My Commission Expires:	NOTARY PUBLIC			
(S E A L)				



## INSTRUCTIONS FOR USING THIS FORM PACKET

- 1. Read the Power of Attorney form very carefully and make sure that the form below includes your correct information and reflect your desires for the (agent) caregiver of your children. Make any changes if necessary.
- 2. The parent must sign the Power of Attorney document in front of a notary public. Do not sign these documents **BEFORE** you see the notary. Sign <u>in front of the notary</u> who will then notarize the document and give it back to you. Some notaries charge a fee although many banks have notaries that do not charge a fee.
- 3. Both the parent and the caregiver should keep a copy of the Power of Attorney.
- 4. If you have not included a date for termination of the Power of Attorney then the parent will need to fill out a Power of Revocation when it is no longer needed. *You can revoke a Power of Attorney by giving written notice to the attorney-in-fact*.

