

POWER OF ATTORNEY OVER A MINOR

YOU CAN USE THIS FORM IF THESE ARE TRUE:

1. You want to give another adult person temporary authority over your child.
2. That adult person agrees.

INSTRUCTIONS

A parent signs a Power of Attorney in front of a notary to give non-parent authority temporary parental control of their child(ren). Power of Attorney is not a court order. It may not be used to authorize another person to consent to your child's marriage or adoption. A Power of Attorney expires after maximum of six months. If you want another Power of Attorney after six months, you may sign a new one. You may cancel, or "revoke," the Power of Attorney at any time.

STEP 1: FILL OUT THE POWER OF ATTORNEY OVER A MINOR CHILD

- (1) Enter your name and address.
- (2) Complete a separate form for each child (with their name and birthdate) you want covered by Power of Attorney.
- (3) Enter the name and address of the adult person you want to have power of attorney.
- (4) Check the box indicating whether you want to give that person full parental responsibility or only specific responsibilities. If you check "specific parental responsibilities," list them.
- (5) Enter the date when the Power of Attorney will begin. Enter the date, *not more than six months later*, when it will end. ***Any ending date longer than six months will be interpreted as six months exactly.***
- (6) Read the Power of Attorney and make sure that you understand everything in it and that everything in it is true. Do not sign until you're in front of a notary.
- (7) Enter the witness's name. The witness also must wait to sign until you're in front of a notary. The witness may not be the person you want to have power of attorney or that person's spouse or child.

STEP 2: SIGN THE POWER OF ATTORNEY IN FRONT OF A NOTARY

Take the following to a notary:

- The witness as described above.
- The original and one copy of the Power of Attorney Over a Minor Child form.
- Photo ID for the witness and yourself.

Ponderosa Pediatrics has a Notary on staff and will notarize a patient's Power of Attorney form if the Notary is in the office. Most banks have Notaries and often do not charge their customers with accounts. There are Notaries in various businesses and others are listed in the Yellow Pages. These "public" Notaries typically charge a fee. The person signing must bring photo ID. Sign the original and the copy of the Power of Attorney in front of the notary and have the witness also sign in front of the notary.

STEP 3: GIVE ONE ORIGINAL SIGNED POWER OF ATTORNEY TO THE OTHER PERSON

Keep the other signed Power of Attorney for your records.

STEP 4: MAKE COPIES OF THE POWER OF ATTORNEY

Make copies of the Power of Attorney for each person or organization you deal with on behalf of the child. Show them the original, and give them the copy.

POWER OF ATTORNEY OVER A MINOR CHILD

A.R.S. 14-5104

(1) My Name: _____

My Address: _____

I am the natural parent of the following child:

(2) Child's Name: _____

Birthdate: _____

A.R.S 14-5104: Delegation of powers by parent or guardian

A parent or a guardian of a minor or incapacitated person, by a properly executed power of attorney, may delegate to another person, for a period not exceeding six 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.

I authorize the following person to assume power of attorney over my child listed above, in accordance with A.R.S. 14-5104.

(3) Name of Person Authorized: _____

Address of Person Authorized: _____

(4) I further appoint the person named above as my true and lawful attorney for the purpose of performing the following responsibilities over my child listed above.

All parental responsibilities I might perform myself.

Only the following specific parental responsibilities:

Giving or refusing consent to any medical treatment, including x-ray examination, anesthetic, medical or surgical diagnosis and treatment, hospital admission, or other related health care needs;

(5) This Power of Attorney will begin on _____ and expire, *not more than six months*

later, on _____, unless I revoke it earlier.

