

**SPECIAL POWER OF ATTORNEY  
DELEGATING POWERS OF PARENT OR LEGAL GUARDIAN**

EFFECTIVE DATE:	COUNTY AND STATE: _____, Arizona
PARENT OR LEGAL GUARDIAN:	PARENTAL ATTORNEY-IN-FACT
NAME OF MINOR	MINOR'S DATE OF BIRTH

1. **DELEGATION OF PARENTS POWERS:** Pursuant to A.R.S. §14-5104, Parents or Legal Guardians delegate to the Parental Attorney-in-Fact all powers they may have regarding care, custody or property of the Minor except power to consent to the adoption of the Minor.
2. **WARRANT OF AUTHORITY:** Parents or Legal Guardians warrant to the Parental Attorney-in-Fact that as of the execution of this document their parental or guardians authority has not been or is currently subject to judicial restriction or termination of any kind and that the Parents or Legal Guardians have complete authority to delegate these powers.
3. **ASSUMPTION OF RISK:** Parents or Legal Guardians assume the risk and exonerate the Parental Attorney-in-Fact from liability for any accident, injury or sickness affecting the Minor during the grant of this authority, except to the extent that such accident injury or sickness has resulted from the negligence of the Parental Attorney-in-Fact.
4. **TERMINATION:** Unless revoked sooner, the authority granted in this instrument shall terminate on the following date: \_\_\_\_\_ (not to exceed 6 months from the Acknowledgement Date below).
5. **SPECIAL INSTRUCTIONS TO PARENTAL ATTORNEY-IN-FACT:** The Attorney-in Fact authority includes:
  - a. \_\_\_\_\_ The ability to enroll the child in school;
  - b. \_\_\_\_\_ The ability to oversee the child's education and make educational decisions, including decisions involving disciplinary actions against the child;
  - c. \_\_\_\_\_ The ability to make all necessary decisions regarding the minor child's health, including any and all necessary decisions regarding emergency medical care.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian

\_\_\_\_\_  
Parental Attorney-In-Fact

**ACKNOWLEDGEMENT:**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_

\_\_\_\_\_  
names of signers

In witness whereof I herewith set my hand and official seal.

\_\_\_\_\_  
NOTARY PUBLIC