

This document should not be construed as, and is not, legal advice and should not be relied upon as a substitute for legal advice.

POWER OF ATTORNEY OVER A MINOR CHILD – HEALTH CARE

FORMS AND INSTRUCTIONS

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INSTRUCTIONS

A power of attorney over a child is a document signed and notarized by a parent giving a non-parent authority to make decisions for a minor child. It is not a court order. It is accepted by many, but not all, people or organizations as authority over the child. It is typically used by a parent who is unavailable for a period of time and wants to grant authority to another person over their child. It can be used to authorize the person to obtain medical treatment for a child or sign up a child for an activity or for other significant decisions. You can also limit the purpose to something very specific (for example, to take a child on vacation, to authorize specific medical treatment, etc.).

A power of attorney over a minor child is effective for a maximum of six months. You can limit this time period to as little as you want, but you cannot extend it beyond six months. If you need another power of attorney after six months, simply sign a new power of attorney. A better idea, however, may be to obtain a guardianship agreed to by all parties.

A parent who does not agree with this power of attorney has more authority over the child than the person with the power of attorney.

In paragraph 3, the parent must indicate what powers he or she is giving over the minor child. The first box is for a general power of attorney granting all powers a parent would ordinarily have over the child. If the parent wants to limit the powers to certain areas, they should check the second box and describe the specific powers granted.

The parent must sign the completed power of attorney in front of a notary public and another witness. The witness must also sign. Notarize two copies of the power of attorney; one is for the person with the power and the other for the parent granting the power. Make several copies of the power of attorney since you will probably have to give a copy to each person or organization that you need to deal with on behalf of the child. Show them the original, and give them the copy. Keep the original in a safe place.

The parent granting the power of attorney can withdraw (revoke) that power at any time, even before the expiration date on the power of attorney. It is best that the withdrawal be in writing. A form called *Revocation of Power of Attorney* is attached. If you are a parent withdrawing the power, be sure to fill out the revocation form and deliver it to the person to whom you granted the power. The withdrawal is effective immediately upon delivery.

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STATE OF ARIZONA)
) ss
County of Maricopa)

I, (parent’s name) of:
(parent’s address)

do solemnly swear that:

1. I am the natural parent of

Name of Child(ren)	Date of Birth

2. I authorize _____ of _____
to assume power of attorney over my minor children, in accordance with the provisions of Arizona Revised Statutes, Section 14-5104, which states as follows:

A parent or guardian of a minor or incapacitated person, by 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.

3. I further appoint _____ as my true and lawful attorney-in-fact, for me and in my name, place and stead, for the purpose of 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; to obtain medical and dental treatment, whether an emergency or not, and to consent and give permission for any operations, treatment or health care. Such attorney-in-fact is authorized to sign any and all forms required by health care agencies to indicate parental permission on behalf of each child.

4. This Power of Attorney will begin on _____
and expire on _____ (6 months max)
unless I revoke it earlier.

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5. I have given this consent of my own free will.
6. A photocopy or other reproduction of this power of attorney may be relied upon to the same extent as a signed original.

Witness signature

Signature of parent granting power of attorney

SUBSCRIBED and SWORN to before to on this date:_____

Notary Public

My Commission Expires:_____

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REVOCATION OF POWER OF ATTORNEY

I, _____, hereby revoke (withdraw) the power of attorney over my minor child(ren) I granted _____ to on the following date: _____. That power of attorney is now null and void.

Today's date: _____

Signature of parent who granted original power