

POWER OF ATTORNEY DELEGATING PARENTAL
POWERS OVER MINOR CHILD

STATE OF ALASKA)
) ss.
FOURTH JUDICIAL DISTRICT)

I/We, _____ of _____, Alaska, state that I/We
am/are the parent(s) and legal custodian(s) of _____,
born on _____.

Pursuant to AS 13.26.020, I/We hereby delegate to
_____ of _____, whom I/We nominate as
attorney in fact for this purpose, all of my/our powers regarding the custody and well-being of my/our minor
child(ren), _____, including, but not limited to, power to consent to medical
and dental treatment. In accordance with said section, this delegation does not include power to consent to marriage
or adoption. This delegation is made for a period not to exceed one year from the date of my/our signature(s)
appearing below and shall be revocable by me/us at any time before then.

This Power of Attorney shall remain in effect, to the extent permitted by AS 13.26.020 notwithstanding
disability to incapacity of the principals. A photocopy of this shall be considered as good as the original.

DATED this _____ day of _____, 20____, at _____.

Parent

Parent

SUBSCRIBED and SWORN to before me this _____ day of _____, 20____,
at _____.

Notary Public for _____
My Commission Expires: _____

I have read the foregoing Power of Attorney; I agree to the terms in which it is stated and I accept the
authority and responsibility thereby delegated to me.

DATED this _____ day of _____, 20____, at _____.

Delegate

SUBSCRIBED and SWORN to before me this _____ day of _____, 20____,
at _____.

Notary Public for _____
My Commission Expires: _____