

DELEGATION OF POWERS BY PARENT OR GUARDIAN

[AS 13.26.020]

I, _____, whose address is _____, appoint _____, whose address is _____, as my attorney in fact and grant to my attorney in fact all power and authority regarding the care, custody, property, support, education, medical treatment, discipline, and entertainment of my child ward, _____, born on _____, 19_____. I further grant my attorney in fact authority to make or withhold consent to any action that may be necessary to provide for the support, education, care, medical treatment, discipline, or entertainment of my minor child. This does not include the power to consent to the marriage or adoption of the minor child.

This power of attorney shall last for a period of one year from the date of execution.

Dated this _____ day of _____, 20_____.

Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____ at _____, Alaska.

Notary Public in and for Alaska

My Commission Expires: _____

