

POWER OF ATTORNEY DELEGATING PARENTAL POWERS
To a grandparent, sibling of parent or sibling of the minor child/ren

_____, a parent or guardian
Typewritten or Printed Name of Parent or Guardian

of the minor child/ren [name(s) and birthdate(s)]

Born _____

Born _____

Born _____

pursuant to Idaho Code Section 15-5-104, delegates his/her parental powers to (name(s))

Of (current address) _____

. who is a grandparent, **or** sibling of a parent, **or** sibling of the above minor child/ren.

This delegation of power includes all powers regarding the care, custody, and property of the minor child/ren except the power to consent to marriage or adoption of the minor child/ren.

This power expressly allows my delegate to travel outside the United States with the minor child/ren. Yes No

This power of attorney shall remain in full force and effect for six (6) months, unless earlier revoked by me in writing; **OR** until _____

_____,
unless earlier revoked by me in writing.

Signature of Parent or Guardian

Optional Notarization

STATE OF _____)
: ss
County of _____)

On the _____ day of _____, 20____, before me, a Notary Public, personally appeared _____, known or identified to me to be the person whose name is subscribed to the within or foregoing instrument, and acknowledged to me that s/he executed the same.

Notary Public for _____
Residing at _____
Commission expires: _____