

STATE OF NEW MEXICO
COUNTY OF _____

POWER OF ATTORNEY

I, _____, residing in _____ New Mexico,
Parent *City*

Mother Father of _____ and pursuant to 45-5-104 NMSA,
Name of Child

do hereby appoint _____ of _____ New Mexico,
Caregiver *City*

my true and lawful attorney in fact, to act in my name, place and stead, in the event that I
am unavailable and a decision must be made and/or authorization given for my child,

_____, regarding the following (check all below with an (x) that apply):
Name of Child

- | | |
|--|---|
| <input type="checkbox"/> custody; | <input type="checkbox"/> medical treatment and care; |
| <input type="checkbox"/> education matters; | <input type="checkbox"/> participation in religious activities; |
| <input type="checkbox"/> participation in recreational activities; | <input type="checkbox"/> in any other matters; |

I authorize _____ in this event to take any and all steps, as fully and
caregiver
for all intents and purposes as I might do or could do if personally present. I understand
that pursuant to the statute, this Power of Attorney **terminates six (6) months** from the
date executed and I may renew it at that time.

IN WITNESS WHEREOF, I set my hand and seal this ____ day of _____.

Signature (must be signed in front of a notary)

SIGNED AND SWORN before me on
this ____ day of _____.

Notary Public
My Commission Expires : _____

