POWER OF ATTORNEY DELEGATING PARENTAL POWERS

_____ , 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)* _____

_____.

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.

(Check the boxes to indicate yes or no.)

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** [ ] I am military personnel serving beyond the territorial limits of the United States and this power of attorney shall remain in full force and effect for twelve (12) months, unless earlier revoked by me in writing.

_____
Signature of parent or guardian

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: _____