

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 [] three (3) years, 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: _____