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How to Complete Your Arizona Delegation of Parental Powers

Power of Attorney for a Minor Child • A.R.S. § 14-5104

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DOCUMENT.

About this form. Parents use this form to let a grandparent, relative or trusted adult care for their child while they are away, such as consenting to medical care, handling school matters or traveling with the child. In Arizona the delegation can last no more than six months.

1. **List parents, children and the caregiver (Parts 1–3)**
   Use full legal names and dates of birth.
2. **Check the powers you delegate (Part 4)**
   Schools and doctors look for the specific box.
3. **Set the dates (Part 5)**
   The end date must be within six months of the start date.
4. **Sign before a notary and one witness**
   Bring a current photo ID. Both parents should sign if possible. We can bring a witness.

Signing requirements: Notary and one adult witness who is not the caregiver, the caregiver's spouse or children, or the notary.

After It's Signed

- Give copies to the caregiver, school and doctor. Keep the original.
- For travel out of the country, also bring a Minor Child Travel Consent and the child's passport.

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Have questions about your Delegation of Parental Powers? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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DELEGATION OF PARENTAL POWERS (POWER OF ATTORNEY FOR A MINOR CHILD)

State of Arizona • A.R.S. § 14-5104

1. PARENT(S) OR GUARDIAN(S)

Parent / guardian 1 name

Phone

Parent / guardian 2 name (if any)

Phone

Address

2. CHILD(REN)

Child name

Date of birth

Child name

Date of birth

Child name

Date of birth

3. AGENT (CAREGIVER)

Agent name

Relationship to child

Phone

Agent address

4. POWERS DELEGATED (check each that applies)

Under A.R.S. § 14-5104, I/we delegate to the agent the following powers regarding the care, custody and property of the child(ren):

- ☐ All of my/our powers regarding the care, custody and property of the child(ren), except the power to consent to marriage or adoption.
- ☐ Medical, dental, vision and mental health care, including consent to treatment and access to records.
- ☐ School enrollment, attendance, records, conferences and educational decisions.
- ☐ Travel with the child(ren) within the United States.
- ☐ International travel with the child(ren), including passport and border matters.
- ☐ Extracurricular, sports, camp and day-care activities, including permission slips and releases.
- ☐ Other (describe):

By law, this delegation does not include the power to consent to the marriage or adoption of a child, and it does not change custody, child support or any court order.

5. DURATION (no longer than six months)

Arizona law limits a delegation of parental powers to a period not exceeding six months. A new delegation may be signed when this one ends.

Initials: _____

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Effective date

Ends on (date, no more than 6 months after the effective date)

I/we may revoke this delegation at any time in writing.

6. SECOND PARENT (if signing)

If both parents are delegating, the second parent also signs here and before the notary:

X

Parent / guardian 2 signature

SIGNATURE OF PRINCIPAL AND SWORN STATEMENT

I, the principal named in this power of attorney, sign my name to this power of attorney on the date written by the notary below and, being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as my power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

X

Principal signature (or mark)

Principal printed name

If signed for the principal at the principal's direction: name of person signing

SWORN STATEMENT OF WITNESS

The witness may not be the agent, the agent's spouse, the agent's children or the notary public (A.R.S. § 14-5501(D)(3)).

I, the witness named below, sign my name to the foregoing power of attorney being first duly sworn and do declare to the undersigned authority that the principal signs and executes this instrument as the principal's power of attorney and that the principal signs it willingly, or willingly directs another to sign for the principal, and that I, in the presence and hearing of the principal, sign this power of attorney as witness to the principal's signing and that to the best of my knowledge the principal is eighteen years of age or older, of sound mind and under no constraint or undue influence.

X

Witness signature

Witness printed name

Witness address

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NOTARY CERTIFICATE (A.R.S. § 14-5501(D)(4))

THE STATE OF _____

COUNTY OF _____

Subscribed, sworn to and acknowledged before me by _____, the principal, and subscribed and sworn to before me by _____, witness, this _____ day of _____, 20____.

X _____
Signature of Notary Public

(Notary seal)

_____
Notary Public (printed name)

_____ _____
My commission expires Commission number

ACCEPTANCE BY AGENT (recommended)

I accept appointment as agent. I understand that I must act in good faith, in the principal's best interest and within the authority granted, keep the principal's property separate from mine, and keep records of all transactions I make for the principal.

X _____ _____
Agent signature Date

_____
Agent printed name

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