

Second Mesa



Day School

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**POWER OF ATTORNEY OVER A MINOR CHILD**  
**A.R.S. 14-5104 AND 5501**

I, \_\_\_\_\_, Census# \_\_\_\_\_  
Parent Name

of \_\_\_\_\_  
Address City/State Zip Code

being first duly sworn upon oath and depose and say:

1. That I am the natural parent of minor children:

_____	D.O.B. _____	Census# _____
_____	D.O.B. _____	Census# _____
_____	D.O.B. _____	Census# _____
_____	D.O.B. _____	Census# _____

2. I hereby give my consent/authorization to the following person to assume power of attorney over my children listed above, in accordance with A.R.S. 14-5104.

Name of Person Authorized: \_\_\_\_\_

Relationship to children: \_\_\_\_\_

Address: \_\_\_\_\_ Community: \_\_\_\_\_

Phone: \_\_\_\_\_

3. By this consent, I authorize the guardian in whose care the minor children has been entrusted to determine and act on all education matters, to any medical treatment, hospital care, that may need to be rendered to my minor children under the general and special supervision of an advised physician, surgeon or dentist whom are licensed to practice, and to further consent to any other matters which in the best judgments are necessary or beneficial to my children.

4. This Power of Attorney will begin on \_\_\_\_\_ and expire \_\_\_\_\_, unless I revoke it.

Parent's Signature: \_\_\_\_\_

State of Arizona

County of \_\_\_\_\_

Subscribed and sworn before me this date: \_\_\_\_\_ by: \_\_\_\_\_

Seal: Notary Public: \_\_\_\_\_

Notary Expiration Date: \_\_\_\_\_