

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  six (6) months, 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: \_\_\_\_\_