ARKANSAS POWER OF ATTORNEY ON BEHALF OF MINOR CHILD

I,	(name), currently residing at
	<i>(address)</i> , am the:
Parent	
Court-Appointed Gu	ardian
Court-Appointed Co	nservator
of	<i>(minor child s name)</i> , whose date of birth is
	_(minor child s date of birth) and who currently resides at
	(minor child s address)
	atement if there is more than one parent/guardian/conservator)
	atement if there is more than one parent/guardian/conservator)
Complete the additional stu	atement if there is more than one parent/guardian/conservator)(name), currently residing at
Complete the additional states of the complete the additional states of the complete the addition, I,	
Complete the additional states of the complete the additional states of the complete the addition, I,	(<i>name</i>), currently residing at
Complete the additional states of the additional states of the states of	(name), currently residing at (address), am the:
(Complete the additional stored additional stored addition, I,	(name), currently residing at(address), am the:
(Complete the additional sto In addition, I, Parent Court-Appointed Gu Court-Appointed Co	(name), currently residing at(address), am the:
(Complete the additional states) In addition, I, Parent Court-Appointed Gu Court-Appointed Court	(name), currently residing at (address), am the: ardian nservator

I/We hereby appoint	(agent s name),
currently residing at	
(address), as the agent (attorney-in-fact) for said minor of	child to act for said minor child in any
lawful way with respect to the following purpose(s):	

 All authority that may be delegated to such minor child s agent under the laws of the State of Arkansas, including but not limited to the power to arrange for and



consent to medical treatment, the power to make decisions regarding schooling and school activities or procedures; provide support, care, housing, and nourishment for the child; and to do any and all acts to protect the child and act in the child's best interests.

OR

2. The limited authority to do the following: _____

<u>Successor Attorney-in-Fact</u>. If ______ (agent's name) is unable or unwilling to serve or to continue to serve as such minor child's attorney-in-fact for any reason, then

(alternate agent's name), presently residing at

(address) is hereby appointed successor attorney-in-fact hereunder.

EFFECTIVE DATE:

THIS POWER OF ATTORNEY IS EFFECTIVE ON _______, 20____, 20____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20____, 20____, 20_____, 20____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20____, 20____, 20____, 20____, 20_____, 20____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20____, 20____, 20____, 20____, 20____, 20____, 20____, 20____, 20____, 20____, 20____, 20_____, 20_____, 20____, 20_____, 20_____, 20_____, 20_____, 20____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20_____, 20___, 20____, 20_____, 20_____, 20____, 20____, 20____, 20____, 20____,

I/WE DO NOT INTEND, BY THIS POWER OF ATTORNEY, TO RELINQUISH MY/OUR PARENTAL RIGHTS OVER AND TO THE MINOR CHILD.

Signed this _____ day of _____, 20___.

(signature)

(signature)

(printed name)

(printed name)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF ARKANSAS) ss

COUNTY OF _____)

On ______ before me, ______ (insert name and title of the officer) (insert name and title of the officer) personally appeared ______, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of Arkansas that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature	(seal)
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category Minor Child Power of Attorney Template.

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Arkansas Power of Attorney Forms.

