

STATE OF ARKANSAS)
) **POWER OF ATTORNEY**
) **FOR MINOR**
COUNTY OF _____)

IN THE MATTER OF

A MINOR

I, _____, a resident of the State of Arkansas, being the natural parent and legal custodian of _____, hereafter the "Child", appoint _____, whose telephone number is _____ my true and lawful Agent and Attorney-in-Fact, herein after "Agent" for me and in my name, place and stead and in my behalf, and to do and perform all of the following responsibilities and have all the rights in connection therewith:

1. Perform and act as and for me in a parental capacity as and to the Child;
2. Give consent and permission for any kind of medical care and treatment, and to sign any papers to have the Child admitted to a hospital for such purpose, or as may be required to maintain the health of the Child;
3. Give consent and permission for enrollment in and admission to school and to resolve problems arising from school attendance, and to sign any papers necessary for such purpose or sign other documents relating to the Child's welfare at school;
4. Perform any act necessary to obtain relief or aid that might benefit the Child;
5. Perform any other acts for support, health, and general care of the Child as may be required or necessary.
6. I do hereby give and grant to my Agent full power and authority to do and perform any and all acts required to protect and promote the welfare of the Child, as fully and for all intents and purposes as I might or could do if I were personally present at the time thereof, hereby ratifying and confirming all that my said Agent may or shall lawfully do or cause to be done by virtue of this Power-of-Attorney and the rights and powers herein granted.
7. This power of attorney shall remain in full force and effect until revoked by me by an instrument in writing duly signed and acknowledged.

The above powers granted to my Agent and Attorney-in-fact in no way terminate my parental rights or in any other way affect my right to custody of the Child.

DATED this _____ day of _____, 20__

Parent's Signature: _____

Parent's Full Name: _____

Parent's Address: _____

Parent's Phone Number: _____

ACKNOWLEDGMENT

STATE OF ARKANSAS)
)
COUNTY OF _____)

On this _____ day of _____, 20__, before me, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person who subscribed to the within instrument and acknowledged that he/she executed the same for the consideration, use and purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this __ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires:

(S E A L)