

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 [ ] three (3) years, unless earlier revoked by me in writing; **OR** [ ] until \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

unless earlier revoked by me in writing.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

Optional Notarization

STATE OF IDAHO )  
 : 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: \_\_\_\_\_