Limited Power of Attorney

For Care and Custody of Minor Child

Pursuant to A.R.S. § 14-5104, I / We _____,
[name(s) of legal parent(s)]

hereby convey(s) and delegate(s) to _____ the powers that
[name(s) of power of attorney holder(s)]

I / We have regarding the care custody and control of my minor child, _____,
[name of minor]

for the period of _____ to _____, excluding the power to consent to
[may not exceed six (6) months]

marriage or adoption of the minor.

I understand that this form is not a substitute for appointment of legal guardian through the courts. I Also understand that Amphitheater Public Schools will only accept this power of attorney for the maximum of six months, as provided by law, and that, thereafter Amphitheater will require proof of court appointed Legal guardianship to continue enrollment of my minor child.

_____

_____
[signature(s) of legal parent(s)]

State of _____)
) ss.
County of _____)

SUBSCRIBED AND SWORN to before me by _____
This _____day of _____, year _____.

_____
Notary Public

My Commission Expires: _____