Limited Power of AttorneyFor Care and Custody of Minor Child

Pursuant to A.R.S. § 14-5104,	I / We	.,
	[nam	e(s) of legal parent(s)]
hereby convey(s) and delegate(s) to _	[name(s) of powe	the powers that r of attorney holder(s)]
I / We have regarding the care custody	y and control of my	minor child,, [name of minor]
		[name of minor]
for the period of[may r	to to	, excluding the power to consent to onths]
marriage or adoption of the minor.		
I understand that this form is n	not a substitute for a	opointment of legal guardian through the courts. I
		ally accept this power of attorney for the maximum
-		aphitheater will require proof of court appointed
-		
Legal guardianship to continue enrolls	ment of my minor cl	nild.
		[signature(s) of legal parent(s)]
State of)	
County of) ss. _)	
SURSCRIRED AND SWORM	N to before me by	
Thisday of	•	
	N	otary Public
	N	Iv Commission Expires: