

State of _____)
County of _____)

LIMITED POWER OF ATTORNEY

I, _____ the _____
(custodial parent/legal guardian) (relationship)

_____ a () minor, () incapacitated person
(child/incapacitated person)

pursuant to Code of Alabama 1975, #26-2A-7, do hereby delegate to _____
(person being
_____, of _____
given authority) (address)

_____, authority to make any decision relating to the physical custody,
health, education or maintenance of _____
(child/incapacitated person)
including power to consent to medical treatment. This authority expires:

() one year from the date of execution below; or, () _____, 20_____
(specified date within one year)
or unless revoked sooner. I recognized that this delegation of authority does not relieve

me of any primary responsibility that I may have for

_____.
(child/incapacitated person)

Date: _____, 20_____
(Signed – Custodial Parent/Legal Guardian)

Address: _____

Sworn to and subscribed before me on this date:

(Notary Public)