

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 ☐ six (6) months, unless earlier revoked by me in writing; **OR** ☐ until \_\_\_\_\_

\_\_\_\_\_,  
unless earlier revoked by me in writing.

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

Optional Notarization

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