

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)