

POWER OF ATTORNEY

**(Designating another person to make decisions regarding
a minor child in lieu of the child’s parent or legal guardian)**

The undersigned certify(ies) that the undersigned is/are the parent(s)/legal guardian(s) of

_____ (“minor child”). As authorized under C.R.S. § 15-14-105,
(FULL NAME OF MINOR CHILD)

the undersigned hereby designate(s) _____,
(FULL NAME OF ATTORNEY IN FACT-PERSON CHILD WILL BE LIVING WITH)

(STREET ADDRESS, CITY, STATE AND ZIP CODE OF ATTORNEY IN FACT)

(HOME PHONE OF ATTORNEY IN FACT)

(WORK PHONE OF ATTORNEY IN FACT)

as the undersigned’s attorney in fact with respect to the minor child, and for this purpose delegate(s) to the attorney in fact all of my/our power and authority regarding the care, custody and property of the minor child, including but not limited to the right to inspect and obtain copies of education records and other records concerning the minor child, the right to attend school activities and other functions concerning the minor child, and the right to give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function or treatment that may concern the minor child. This delegation does not include the power or authority of the attorney in fact to consent to the minor child’s marriage or adoption. This power of attorney is effective for a period not to exceed twelve (12) months, commencing _____, 20__, and ending _____, 20__. The undersigned agree(s) to indemnify, defend and hold harmless any individual or organization acting in reliance on this power of attorney.

By: _____
(PARENT/LEGAL GUARDIAN SIGNATURE)

By: _____
(PARENT/LEGAL GUARDIAN SIGNATURE)

STATE OF _____)
COUNTY OF _____) ss.

The foregoing Power of Attorney was subscribed and sworn to before me this ____ day
of _____, 20__ by _____ and _____.

Witness my hand and official seal.

Notary Public

My commission expires:

(Acceptance of Attorney in Fact on Reverse Side)

I hereby accept my designation as attorney in fact for _____
 in accordance with the delegation of power of attorney on the front of this page.

 (ATTORNEY IN FACT SIGNATURE-PERSON CHILD WILL BE LIVING WITH)

STATE OF COLORADO)
) ss.
 COUNTY OF _____)

The foregoing Acceptance of Power of Attorney was subscribed and sworn to before me
 this ____ day of _____, 20__ by _____.

Witness my hand and official seal.

 Notary Public

My commission expires: