

**DELEGATION OF POWERS BY PARENT OR GUARDIAN  
[AS 13.26.020]**

I, \_\_\_\_\_, whose address is  
\_\_\_\_\_, appoint \_\_\_\_\_,  
whose address is \_\_\_\_\_, as my attorney  
in fact and grant to my attorney in fact all power and authority regarding the care, custody,  
property, support, education, medical treatment, discipline, and entertainment of my  child  
 ward, \_\_\_\_\_, born on \_\_\_\_\_, 19\_\_\_\_\_.

I further grant my attorney in fact authority to make or withhold consent to any action that may  
be necessary to provide for the support, education, care, medical treatment, discipline, or  
entertainment of my minor child. This does not include the power to consent to the marriage or  
adoption of the minor child.

This power of attorney shall last for a period of one year from the date of  
execution.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_ at Anchorage, Alaska.

\_\_\_\_\_  
Notary Public in and for Alaska  
My Commission Expires: \_\_\_\_\_