ARKANSAS POWER OF ATTORNEY OF A CHILD

TO A	LL WHOM THE	SE PRESENTS ARE KNOWN:			
	That I,	(Parent), of	County,		
Arkan	sas, being the nat	ural mother/father of	[hereafter the		
"child	"] appoint	(Name of the	ne Agent) of		
		County, Arkansas, my tro	ue and lawful attorney-in-fact		
for me	e and in my name	place and stead and in my behalf,	and to do and perform all of		
the fo	llowing responsib	ilities and have all the rights in con	nnection therewith:		
1.	Perform and act as and for me in a parental capacity as and to the child;				
2.	Give consent an	d permission for any kind of medic	cal care and treatment, and to		
	sign any papers to have the child admitted to a hospital for such purpose, or as				
	may be required to maintain the health of the child;				
3.	Give consent an	d permission for enrollment in and	admission to school and to		
	resolve problems arising from school attendance, and to sign any papers necessary				
	for such purpose or sign other documents relating to the child's welfare at school;				
4.	Perform any act necessary to obtain relief or aid that might benefit the child;				
5.	Perform any oth	ner acts for support, health, and gen	neral care of the child as may		
	be required or necessary.				
6.	I,	(Parent), do hereby given	ve and grant to		
	(Name of Agent), my said Attorney-in- fact, full				
	power and authority to do and perform any and all acts required to protect and				
	promote the welfare of the child, as fully and for all intents and purposes as I				
	might or could o	lo if I were personally present at th	e time thereof, hereby		
	ratifying and co	nfirming all that my said Attorneys	s may or shall lawfully		

do or cause to be done by virtue of this Power-of-Attorney and the rights and powers herein granted.

7.	This Power of Attorney appointing	(Name of		
	Agent) as my agent and attorney in fact performing and acting for me in a			
	parental capacity for my child,	(Child's Name),		
	will be revoked automatically on	(Date of		
	Revocation).			
8.	It is not my intention to relinquish my parental rights in and to my child.			
	ESTIMONY WHEREOF, I have hereunto set my hand to, 20	this day of		
	TE OF ARKANSAS)	(NAME OF PARENT)		
ackno	is day of, 20, before me per n to be the person described in and who executed the forwledged that he/she executed the same as a free act and ENT) is the mother/father of said children.	rsonally came parent, to me bregoing instrument, and deed, and that (NAME OF		
	IN WITNESS WHEREOF, I have hereunto set my ha	and and seal thisday		
of	, 20			
Му С	NOTAR ommission Expires:	Y PUBLIC		
(SEA	AL)			