

POWER OF ATTORNEY FOR LIMITED GUARDIANSHIP

IMPORTANT INFORMATION

This power of attorney authorizes another person (your agent) to make certain decisions for you (the principal) concerning your minor child. Your agent will be able to make decisions regarding the care and custody of your minor child, and if you choose, the property of your minor child. The authority for this power of attorney is in accordance with Section 15-14-105 of the Colorado Revised Statutes.

The maximum time that this power of attorney may be effective is twelve months. This power of attorney will terminate if you die or revoke it, or the agent resigns or is unable to act for you.

This power of attorney becomes effective immediately unless you state otherwise in the special instructions.

If you have questions about this power of attorney or the authority you are delegating to your agent, you should seek legal advice before signing this document.

DESIGNATION OF AGENT

I, _____ (name of principal),
name the following person as my agent:

Name of agent: _____

Agent's address: _____

Agent's telephone number: _____

DESIGNATION OF AUTHORITY

I hereby delegate to my agent, whom I designate my attorney in fact for this purpose, all of my power regarding the care and custody of my minor child, _____, (name) which is delegable pursuant to Section 15-14-105, of the Colorado Revised Statutes, including, but not limited to, the power to enroll my minor child in school and to consent to medical and surgical procedures and dental treatment. My agent may have access to all medical information and records concerning my minor child. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. 1320d and 45 C.F.R. 160-164.

_____ *If initialed here, I also delegate to my agent any power to receive delivery or payment of money and property due to my minor child.

This delegation of authority does not include power to consent to marriage or adoption.

EFFECTIVE DATE AND TERMINATION

This power of attorney is effective immediately unless I have stated otherwise in the special instructions. This power of attorney is made for a period not exceeding twelve months and shall terminate on _____ (date).

This power of attorney shall not be affected by my disability.

*Initial if applicable. Cross out entire sentence if not applicable.

SPECIAL INSTRUCTIONS (OPTIONAL)

You may give special instructions on the following lines:

RELIANCE ON THIS POWER OF ATTORNEY

I, with full power of revocation, ratify and confirm all that my agent shall lawfully do or cause to be done by virtue of this Power of Attorney and the powers contained herein. Any person, including my agent, may rely upon the validity of this power of attorney or a copy of it unless that person knows it has terminated or is invalid.

SIGNATURE AND ACKNOWLEDGMENT

Date _____

Signature of Mother (Principal)

Print your name: _____

Address: _____

Your telephone number: _____

State of _____

County of _____

This Power of Attorney was acknowledged before me on _____, (date) by _____ (Name of Principal)

Signature of notary

My commission expires: _____

Date _____

Signature of Father (Principal)

Print your name: _____

Address: _____

Your telephone number: _____

State of _____

County of _____

This Power of Attorney was acknowledged before me on _____, (date) by _____ (Name of Principal)

Signature of notary

My commission expires: _____

**AGENT'S CERTIFICATION AS TO THE VALIDITY OF
POWER OF ATTORNEY AND AGENT'S AUTHORITY**

State of _____

County of _____

I, _____ (Name of Agent), certify under penalty of perjury that _____ (Name of Principal) granted me authority as an agent or successor agent in a power of attorney dated _____.

I further certify that to my knowledge:

- (1) The principal is alive and has not revoked the power of attorney or my authority to act under the power of attorney and the power of attorney and my authority to act under the power of attorney have not terminated;
- (2) If the power of attorney was drafted to become effective upon the happening of an event or contingency, the event or contingency has occurred;
- (3) If I was named as a successor agent, the prior agent is no longer able or willing to serve; and
- (4) _____

(Insert other relevant statements)

SIGNATURE AND ACKNOWLEDGMENT

Date _____

Agent's signature _____

Print agent's name: _____

Agent's Address: _____

Agent's telephone number: _____

State of _____

County of _____

This document was acknowledged before me on _____, (date) by _____ (Name of Agent)

Signature of notary _____

My commission expires: _____