

**KENTUCKY POWER OF ATTORNEY FOR TEMPORARY DELEGATION
OF PARENTAL OR LEGAL CUSTODY & CARE**

1. We certify that we, _____ and _____
are the parents or legal guardians of:

(Full Name of Minor Child) (Date of Birth)

(Full Name of Minor Child) (Date of Birth)

(Full Name of Minor Child) (Date of Birth)

(Full Name of Minor Child) (Date of Birth)

(Full Name of Minor Child) (Date of Birth)

2. We designate _____ (Agent's Name) with the following
contact information:

(Street Address, City, State, & Zip Code)

(Home Phone)

(Work Phone)

as the Attorney-in-Fact of each minor child named above.

3. We delegate to the Attorney-in-Fact all of my power and authority regarding the care, custody, and property of each minor child named above, including but not limited to the right to enroll the child in school, inspect and obtain copies of education records and other records concerning the child, the right to attend school activities and other functions concerning the 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 child. This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

OR

In the event that Section 4 is completed, Section 3 does not apply.

4. I delegate to the Attorney-in-fact the following specific powers and responsibilities (write in):

This delegation shall not include the power or authority to consent to marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

5. This power of attorney is effective for a period not to exceed one (1) year, beginning _____, 20____, and ending _____, 20____.

I reserve the right to revoke this authority at any time.

OR

In the event Section 6 is completed and valid, Section 5 does not apply.

6. I am a parent or legal guardian on active duty as governed by KRS 403.352(10). My active-duty service is scheduled to begin on _____, 20____, and is estimated to end on _____, 20____. I acknowledge that in no event may this delegation of power last more than one (1) year or the term of my active duty plus thirty (30) days, whichever is longer.

7. By: _____
(Parent/Legal Guardian Signature)

and

8. By: _____
(Parent/Legal Guardian Signature)

9. I hereby accept my designation as Attorney-in-fact for the minor child or children specified in this power of attorney.

(Attorney-in-Fact Signature)

ACKNOWLEDGMENT

State of Kentucky

County of _____

Before me, the undersigned, a Notary Public, in and for said County and State on this ____ day of _____, 20____, personally appeared _____ (Name of Parent/Legal Guardian) and _____ (Name of Attorney-in-Fact), to me known to be the identical persons who executed this instrument and acknowledged to me that each executed the same as his or her free and voluntary act and deed for the uses and purposes set forth in the instrument.

Witness my hand and official seal the day and year above written.

(Signature of Notary Public)

My commission expires: _____