

**ARKANSAS POWER OF ATTORNEY OF A CHILD**

TO ALL WHOM THESE PRESENTS ARE KNOWN:

That I, \_\_\_\_\_ **(Parent)**, of \_\_\_\_\_ County,  
Arkansas, being the natural mother/father of \_\_\_\_\_ [hereafter the  
“child”] appoint \_\_\_\_\_ **(Name of the Agent)** of  
\_\_\_\_\_ County, Arkansas, my true and lawful attorney-in-fact  
for me and in my name, place and stead and in my behalf, and to do and perform all of  
the following responsibilities and have all the rights in connection therewith:

1. Perform and act as and for me in a parental capacity as and to the child;
2. Give consent and permission for any kind of medical 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 and 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 other acts for support, health, and general care of the child as may be required or necessary.
6. I, \_\_\_\_\_ **(Parent)**, do hereby give 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 do if I were personally present at the time thereof, hereby  
ratifying and confirming all that my said Attorneys may or shall lawfully

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

**(If you want a revocation date in advance)**

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.

IN TESTIMONY WHEREOF, I have hereunto set my hand this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
(NAME OF PARENT)

STATE OF ARKANSAS )  
  ) ss  
COUNTY OF \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me personally came parent, to me known to be the person described in and who executed the foregoing instrument, and acknowledged that he/she executed the same as a free act and deed, and that (**NAME OF PARENT**) is the **mother/father** of said children.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

\_\_\_\_\_  
(SEAL)