Statutory Form of Power of Attorney

1. "I certify that I am the parent or legal custodian 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) ___________________________

   (minor child(ren)).

2. "I designate ________________________________________,

   (Full name of Attorney-in-fact)

   ________________________________________________________

   (Street address, city, state and zip code of Attorney-in-fact)

   ________________________________________________________

   (Home phone of Attorney-in-fact) ________________________ (Work phone of Attorney-in-fact) ________

   as the attorney-in-fact of each minor child named above."

3. _______ "I 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

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 year, beginning ________________, 20__, and ending ________________, 20___. I reserve the right to revoke this authority at any time."

By: __________________________
      (Parent/Legal Custodian signature)

6. "I hereby accept my designation as attorney-in-fact for

______________________________________________________________

(Minor child(ren)) as specified in this power of attorney."

________________________
      (Attorney-in-fact signature)

State of __________________________

County of __________________________

ACKNOWLEDGEMENT

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 Custodian) 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 notarial officer)

My commission expires: ___________