POWER OF ATTORNEY

CHILD(REN) NAME(S) DATE OF BIRTH:

_____ _____
_____ _____
_____ _____
_____ _____

I, _____, (name of parent/guardian) residing in _____, New Mexico, _____(relationship to child(ren) of:
Child(ren) name(s): (Child(ren) full name)
_____; _____;

_____; _____;

_____, and pursuant to § 45-5-104, N.M.S.A., do hereby appoint:

_____(name of adult(s) accepting Power of Attorney) of

_____ (city), New Mexico, as my true and lawful attorney in fact, to act in my name, place and stead, in the event that a decision must be made and/or authorization given for my child(ren) Child(ren) name(s): (Child(ren) full name)
_____; _____;

_____; _____, regarding medical treatment, education matters, participation in recreational activities or in any other matters involving my child(ren).

I authorize _____(name of adult accepting Power of Attorney) in this event to take any and all steps, as fully and for all intents and purposes as I might do or could do if personally present, except that this authorization does not include any power to grant legal custody to another individual or authorized a change in the city of physical residence of my child, or to consent to the adoption or marriage of my child.
I understand that this power of attorney terminates six months from the date executed and I may renew it at that times, and that I can withdraw this power of attorney at anytime.

_____
Signature of Parent
(Must sign in front of a notary public)

STATE OF NEW MEXICO)
) s.s.
COUNTY OF _____)

SWORN TO AND SUBSCRIBED TO before me this ____ day of _____ 20_____, by _____(name of parent).

_____
Notary Public

MY COMMISSION EXPIRES: _____
SEAL