

**SPECIAL POWER OF ATTORNEY  
PURSUANT TO IDAHO CODE 33-1401(10) AND 15-5-104**

KNOW ALL MEN BY THESE PRESENTS, that I/we, the legal guardian(s)/parent(s) of

\_\_\_\_\_ a minor, have made, constituted, and appointed, and by these presents do make constitute and appoint \_\_\_\_\_ my/our true and lawful attorney for and in my/our name, place and stead and for my/our use and benefit do as follows:

- 1. To vest in my/our attorney-in-fact all of my/our powers regarding the care and custody for my/our child;
- 2. To make all necessary decisions concerning the educational, physical, and medical care for my/our child;
- 3. To sign, seal, execute, deliver, and acknowledge such instruments in writing of whatever kind or nature as may be necessary or proper in the premises to carry forth the appointment contained herein.

Giving and granting unto said attorney-in-fact full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to be done in connection with the above stated purposes, as fully to all intents and purposes as the signer might or could do if personally present, and hereby ratifying and confirming all that said attorney-in-fact shall lawfully do or cause to be done in the above stated purpose.

In compliance with the law, this attorney-in-fact shall cease to be effective six months from the date signed or at the end of the current school year, whichever occurs sooner, or in the event that I am serving beyond the territorial limits of the United States as military personnel, this power of attorney shall be in effect for a period not exceeding six (6) months from the date of execution thereof, or upon written revocation by me, whichever shall first sooner occur.

In executing this Power of Attorney, I fully understand that my child shall reside and make his/her home on a full time basis with attorney-in-fact during the period of duration of this Special Power of Attorney.

I further understand that there may be significant tax ramifications to the execution of this agreement, and I may forego my rights to inquire as to my child's general health, well-being and specifically education and educational records under that certain act commonly referred to as The Family Education Rights to Privacy Act of the federal government.

IN WITNESS WHEREOF, I/WE have hereunto set my/our hand(s) and seal(s) this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

STATE OF \_\_\_\_\_ )ss.  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned Notary Public in and for said State, personally appeared \_\_\_\_\_ known or identified to me to be the person(s) whose name(s) is/are subscribed to the foregoing instrument, and acknowledge to me that he/she/they executed the same.

\_\_\_\_\_  
NOTARY PUBLIC FOR  
RESIDING AT:  
MY COMMISSION EXPIRES;