

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

