



POWER OF ATTORNEY

I, X \_\_\_\_\_, herby grant to the Alaska Military Youth Academy (a division of the Alaska Department of Military & Veteran’s Affairs) any powers that I may have regarding care, custody, and control of the person of X \_\_\_\_\_, (hereinafter “the minor”) except to marriage or adoption.

This power is granted pursuant to Alaska Statute 13.26.020.

Specifically included within this Power of Attorney is the grant of authority to the Alaska Military Youth Academy to consent to medical and dental procedures on behalf of the minor, in the situation where neither I nor any other parent or legal guardian of the minor can be contacted within a reasonable time, or the situation where neither I nor any other parent or legal guardian is able make medical and dental decisions or consent to medical and dental procedures on behalf of the minor.

Also specifically included within this Power of Attorney is the grant of authority to the Alaska Military Youth Academy the power to request, review, and receive any information, verbal or written, regarding the minor’s physical or mental health, including, but not limited to, medical, dental, hospital and school records, and to execute on my behalf any releases or other documents that may be required in order to obtain this information.

The power given herein is granted to insure the safety and well being of the minor and shall be effective for the period of time that the minor is enrolled in the residential phase of the Alaska Military Youth Academy’s ChalleNGe Program. Should the minor be dis-enrolled from the Military Youth Academy for any reason, this power of attorney shall terminate immediately.

The Power granted herein shall be exercised only by the Director, Deputy Director, Commandant of Cadets, or Principal of the Alaska Military Youth Academy. In no event shall this power of attorney extend for a period greater that 24 months from the date that I sign this document or completion of the residential portion of the program, whichever comes first. Nothing herein shall mean that I relinquish any legal right to custody of the minor but gives Attorney in Fact authority to act on my behalf.

(1) Parent Printed Name (or applicant if 18): \_\_\_\_\_

Address: \_\_\_\_\_

(1) Parent Signature (or applicant if 18) \* \_\_\_\_\_ \*

(\*sign in the presence of a legalized notary public\*) Rural Villages that do not have notaries may use the local postmaster pursuant to AS 44.50.180

NOTARIZATION: Signed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_ month in the \_\_\_\_\_ year
In the State of \_\_\_\_\_, \_\_\_\_\_ Judicial District
Known to me or satisfactorily proven to be the person(s) whose name is subscribed to this instrument and acknowledge that he/she/they executed the same. If this/these person(s) name (s) is/are subscribed in a representative capacity, it is for the principle named in the capacity indicated.
Name of Notary Official: \_\_\_\_\_
Signature: \_\_\_\_\_
Commission Expires: \_\_\_\_\_