

POWER OF ATTORNEY/INDIAN CUSTODIANSHIP

Pursuant to Alaska Statute 13.26.020, the Indian Child Welfare Act, 25. U.S.C. 1903(6), and the laws of the Native Village of _____ I _____ (parent), hereby provide my consent for _____ (custodian) to have power of attorney over, and act as Indian custodian for _____ (child). The aforementioned child is a Native child as defined by the Native Village of _____ and is a citizen of said Tribe and under the jurisdiction of _____ Tribal Court.

I hereby authorize _____ (custodian) to consent to any medical or dental treatment or hospital care of _____ (child) deemed advisable. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and is given to provide authority and power to _____ (custodian) to give specific consent to medical care and treatment.

I hereby authorize _____ (custodian) to make decisions and do all acts necessary regarding the education of _____ (child), including enrollment in school, and as required by school authorities and by law.

I hereby authorize _____ (custodian) to make decisions and do all acts necessary to maintain the customary standard of living of and provide for the care and welfare of _____ (child).

This power of attorney/Indian custodianship is revocable by me at any time. My consent does not waive any rights I may have under the Indian Child Welfare Act to notice of any future court proceeding involving the custody of _____ (child). This power of attorney/Indian custodianship is revocable by _____ (custodian) at any time.

This power of attorney/Indian custodianship shall become effective upon date of signature, and (circle one) shall / shall not _____ be revoked by my subsequent disability.

This power of attorney/Indian custodianship shall be considered automatically renewed each year without further action by the parties on the anniversary date of signature by the parties, and shall continue to operate and be effective until the children reach majority unless otherwise revoked by either party.

Dated: _____ (parent)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

Notary Public in and for Alaska
My commission expires: _____

Dated: _____ (parent)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20__.

Notary Public in and for Alaska
My commission expires: _____

I accept this delegation of powers and custodianship.

Dated _____ (custodian)

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20.

Notary Public in and for Alaska
My commission expires: _____