

5102 S. Commerce Drive Murray, Utah 84107 (801) 264-7400 (801) 264-7456 (fax)

## **Durable Power of Attorney**

The under	signed Grantor(s) are the	custodial parent	or legal guardian of,				
DOB							
			as the Custodian(s) of said minor child, and grant to				
said Custodian(s) a	Durable Power of Attorne	y will full author	ity to take any action which said Custodian(s) may				
deem necessary to	protect or further said chi	ild's health and v	velfare, including authorization for educational or				
medical services. S	uch action shall have the	same force and e	ffect, and shall bind the undersigned Grantor(s), their				
heirs and assigns, to	o the same degree, as wo	uld have been th	e case had the action been taken by the Grantor(s).				
If said min	or child attends a Utah pu	blic school or sch	nool district, Grantor(s) agree to assume full				
responsibility for pa	ayment of any fees or cha	rges relating to t	ne child's education in the district. If payment of fees				
would be a hardshi	p and application should b	oe made for fee v	vaivers, Grantor(s) also agrees to provide all financial				
information reques	ted by the school district	in determining e	igibility for waivers.				
This durab	le Power of Attorney shal	I not be affected	by the disability of the designated custodian and				
shall remain in effe	ct until the earliest of the	following:					
a. Tl	The child reaches the age of 18, marries, or is emancipated;						
b. TI	The following date: June 30, 2023;						
c. R	Revocation of this Durable Power of Attorney by the Grantor(s), the Custodian(s), or a court of						
la	w.						
GRANTOR(S):							
STATE OF UTAH	)						
	:SS						
COUNTY OF SALT LA	AKE )						
On the			, personally appeared before me nown to me or proved to me on the basis of				

**Notary Public** 

## ACCEPTANCE OF DURABLE POWER OF ATTORNEY

The undersigned accepts the	he designation as Custod	lian(s) of				
(DOB), a min	), a minor child, and agrees to take all actions necessary for the health and welfare of said child,					
including full cooperation v	with public school author	rities in any public school or sch	ool district where said child may			
be enrolled. The undersign	ned also agrees to assum	ne responsibility for any fees or o	other charges relating to the			
child's education in the dis	trict and, if application is	s made for fee waivers, will prov	ride all financial information			
requested by the district fo	or purposes of determini	ng eligibility for fee waivers.				
CUSTODIAN(S):						
STATE OF UTAH	)					
	:ss.					
COUNTY OF SALT LAKE	)					
On the	day of	, 20	, personally appeared			
before me		, personally known to me or proved to me on the				
basis of satisfactory eviden	ice to be the person who	se name is signed, and acknowl	edged to me that he/she signed			
it voluntarily for its stated	purpose.					
		Notary Public				