# LIMITED POWER OF ATTORNEY

Know all persons by these presents:

I,_____the natural mother/father of _____
born,_____at _____
do hereby make constitute and appoint_____
They reside at _____

As lawful attorney to act in my name for the following limited purposes:

1. To have physical custody of _____, reside with at the above address, or any place they may reside, to place said as required by the laws of the State of Oklahoma, to be responsible for and make all decisions concerning medical treatment which may be required, in the best sole and only judgement, while said minor child resides with them.
2. To make all decisions concerning care, maintenance, and support for said minor child while said child resides with them as I could make if I was personally present to so act.
3. To generally act in parental capacity for the best interest of said minor child and to make decisions for his welfare and care as I would make if I were personally present.
4. To expend such sums, as they deem necessary in their sole discretion for the care, maintenance, and up bringing of said minor child while this limited power of attorney remains in force and effect.
5. To keep, maintain, care and provide for said minor child for as long as this limited power of attorney remains in force and effect, or until the same is altered, modified, or _____shall do hereunder and by virtue of these powers, the same to continue in full force and effect, or until withdrawn by me.

THIS POWER limited to and for the above purpose, and I hereby ratify and confirm all that the said _____, shall do hereunder and by virtue of these powers, the same to continue in full force and effect until withdrawn by me.

_____
Natural Mother/Father of:_____

State of Oklahoma )
) SS
Pawnee County )

BE IT REMEMBERED, on this _____day of _____ 20_____ appeared before me_____ IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my official seal the day and year last above written.

SEAL

_____
Notary Public