

**SPECIAL POWER OF ATTORNEY**

***(To retained by you and sent with the adult who is sponsoring your junior)***

KNOW ALL MEN BY THESE PRESENTS, That I, \_\_\_\_\_  
a legal resident of the State of \_\_\_\_\_, and residing at \_\_\_\_\_

\_\_\_\_\_, have made, constituted  
and appointed, and by these presents do make, constitute, and appoint \_\_\_\_\_  
\_\_\_\_\_ whose present address is, \_\_\_\_\_

\_\_\_\_\_, my true and lawful attorney, to do  
and execute, or to concur with persons jointly interested with myself therein in the doing or execution of all or any of the  
acts, deeds, things, and purposes, which are hereinafter expressed: To authorize any and all medical and hospital  
care and treatment, either preventive or corrective, including major surgery deemed necessary by a duly licensed staff  
physician, at any hospital for my child/children listed below in order that their health and well being can be  
maintained or enhanced.

Name of child: \_\_\_\_\_

GIVING AND GRANTING unto my said attorney full power and authority to perform every act, deed, matter and thing  
whatsoever that shall be necessary, desirable or convenient to accomplish the ends and purposes for which this  
Power of Attorney is granted as fully and effectually as I might or could do in my own proper person if personally  
present, and thereby ratifying all that my said attorney shall lawfully do or cause to be done by virtue of these  
presents. FURTHER, unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL  
and VOID from and after

THIS POWER OF ATTORNEY SHALL NOT TERMINATE UPON THE DISABILITY OF THE PRINCIPAL IN  
WITNESS THEREOF,

I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 2017.

\_\_\_\_\_  
GRANTOR'S SIGNATURE

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Acknowledge before me this \_\_\_\_\_ day of \_\_\_\_\_, 2017

\_\_\_\_\_  
Notary Public My commission expires: \_\_\_\_\_

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