

# Power of Attorney

Know all persons by these present that we (I), \_\_\_\_\_ and/or  
(Parent Name)  
\_\_\_\_\_ of \_\_\_\_\_ appoint  
(Parent Name) (Address)

\_\_\_\_\_ of \_\_\_\_\_ our attorney for us and  
(Pastor or Team Leader) (Address)

in our name and on our behalf to consent to the administration of whatever anesthetic and the performance of such medical, dental, surgical treatment and/or operation as may be deemed necessary or advisable upon \_\_\_\_\_ our minor child during the period of \_\_\_\_\_ to \_\_\_\_\_  
(Youth Name)

and to execute all necessary instruments to carry out and perform any of aforesaid powers, and to do any other acts requisite to carrying out such powers. I/we, the parent/parents, agree to be financially responsible for the services provided. I/we authorize the release of medical information to or from my/our insurance company and my/our personal physician.

IN WITNESS WHEREOF, I have hereunto executed this Power of Attorney on this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)

Witnesses:

\_\_\_\_\_  
(Witness Signature) (Parent Signature)

\_\_\_\_\_  
(Witness Signature) (Parent Signature)

## Notarization of Power of Attorney Form

STATE OF \_\_\_\_\_ PARISH OR COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ year, before me personally appeared

\_\_\_\_\_ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof

Notary Public, \_\_\_\_\_ Parish or County \_\_\_\_\_

State of \_\_\_\_\_ My Commission Expires \_\_\_\_\_