

**POWER OF ATTORNEY**

I, \_\_\_\_\_, the legal guardian and parent of \_\_\_\_\_ and \_\_\_\_\_, of \_\_\_\_\_ hereby constitute and appoint \_\_\_\_\_, of \_\_\_\_\_, my true and lawful attorney-in-fact, with full power for me and in my name and stead, on behalf of my child[ren], \_\_\_\_\_ and \_\_\_\_\_, to consent to emergency medical care and to standard medical care; to grant permission and to sign any necessary forms or otherwise giving permission for my child[ren], \_\_\_\_\_ and \_\_\_\_\_, to participate in Kentuckiana SCI activities during the Youth Education Program at Fern Creek Sportsman's Club.

Such attorney-in-fact is further authorized to take charge of [each] of my child[ren]'s person in case of sickness or disability of any kind, and to remove and place [each] of him/her in such hospitals or places as such attorney-in-fact may deem best for his/her personal care, comfort, benefit and safety, provided that such attorney has made every reasonable effort to obtain my consent and guidance with respect to such care and such care conforms to the guidance given if it could reasonably be obtained.

This power of attorney shall be limited in time from \_\_\_\_\_ to \_\_\_\_\_ [date]

I hereby adopt and ratify all of the acts of my said attorney-in-fact done in pursuance of the power hereby granted, as full as if I were present and acting in my own proper person.

IN TESTIMONY WHEREOF, witness my signature this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
[\_\_\_\_\_]

STATE OF \_\_\_\_\_ )  
 ) §  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016, by [\_\_\_\_\_].

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public