

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that on this _____ day of _____ 20__ that I,
_____ of _____ do by this
instrument make, constitute and appoint, _____ of
_____ my attorney in fact until the _____ day of _____ 20____,
to act for me in stead for the following purposes only:

To exercise all my parental discretion and authority to care for my child(ren)
_____ and to obtain medical care for my child and to
authorize major surgery if deemed necessary by a licensed physician. GIVING AND GRANTING unto my
attorney full power and authority to do every act, deed and thing necessary, desirable or expedient to
accomplish the foregoing specified purposes lawfully done pursuant to the authority hereinabove conferred.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the day and date first hereinabove written.

_____ (SEAL)

Child(ren)'s name _____ birthdate _____
Allergies _____ medications _____ home phone _____
Father/Mother _____ SS# _____
Workplace _____ phone _____
Insurance _____ policy# _____ group# _____
Dr. _____ phone _____
DDS _____ phone _____
Other Info _____