

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 _____ County _____
State of _____ My Commission Expires _____