

SPECIAL POWER OF ATTORNEY

Related to Parental Absence

I, _____ of _____, _____, United States of America, do hereby appoint _____, our true and lawful attorney-in-fact to act for me and in my name and on my behalf to take any and all actions necessary for the care of our son/daughter, _____, while _____ participates in _____ (“Event”) including (without limiting the generality of the foregoing) to consent to participate in the Event as a driver or passenger and to consent to surgery, hospitalization, medical treatment, and administration of drugs or other therapeutic measures for the health, safety, and care of my son/daughter, with the same force and effect as though I was personally present and acting myself, hereby ratifying and confirming what my appointed attorney does by authority of this instrument.

Unless revoked sooner, this Special Power of Attorney shall automatically terminate on December 31, 2016.

IN WITNESS WHEREOF, I have executed this special power of attorney this ____ day of _____, 2016.

Name of Parent:

State of _____

County of _____

BEFORE ME, the foregoing instrument was acknowledged this ____ day of _____, 2016 by _____ who is personally known to me _____ or who has produced _____ as identification, and acknowledged to me that he executed said instrument for the purposes therein expressed.

By _____
Notary Public

My commission expires: