MEDICAL POWER OF ATTORNEY
FOR EXTRA-CURRICULAR ACTIVITIES

I, _____, SSN _____, designate and appoint the assigned adult sponsor/s) of any extra-curricular activity, sports related or otherwise, as my attorney-in-fact to act for me and my name for the following purposes

TO AUTHORIZE ALL MEDICAL, DENTAL, AND HOSPITAL CARE AND TREATMENT, EITHER PREVENTIVE OR CORRECTIVE, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DENTIST FOR THE HEALTH AND WELL BEING OF MY CHILD, _____, THAT OCCURS OR PRESENTS DURING ANY SCHOOL – SPONSORED EXTRA-CURRICULAR ACTIVITY.

I give and grant to my attorney-in-fact full power and authority to do everything necessary to accomplish the above purposes including the ratification and confirmation of all necessary treatment.

I request, but do not require, that my attorney-in-fact make reasonable efforts, time and circumstances permitting, to contact me prior to the authorization of any medical care or treatment under this power of attorney. My designated emergency telephone number is _____.

My attorney-in-fact will transact all business authorized under this Power of Attorney in my name, and all endorsements and documents signed by my attorney-in-fact shall contain my name, followed by my attorney-in-fact's name and the designation "attorney-in-fact".

Unless sooner revoked or terminated by me, this Medical Power of Attorney shall become NULL and VOID after _____.

_____ _____

Signature of Parent/Legal Guardian Date