

## SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, \_\_\_\_\_ (PRINT NAME), currently residing at:  
\_\_\_\_\_(PRINT ADDRESS),

do make, constitute and appoint:  
\_\_\_\_\_(PRINT NAME OF DESIGNEE), who resides at:  
\_\_\_\_\_(PRINT ADDRESS),

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Email address: \_\_\_\_\_

my true and lawful attorney in fact to act as follows GIVING AND GRANTING unto my said attorney in fact full powers to:

1. Act as legal guardian of the child herein named, more specifically in loco parentis, to accomplish any and all acts necessary to take care of any/all matters pertaining to my child's independent volunteer service trip to Heritage Academy in Breman Esiam, Ghana and associated activities (the "Trip").
2. Authorize any and all medical and hospital care and treatment, including major surgery deemed necessary by a duly authorized and licensed physician, for the health and well-being of my child, my said attorney in fact is authorized to perform those parental functions and make those decisions as would I, the legal parent and guardian, if I were present.
3. NAME OF CHILD, AGE, AND RELATIONSHIP

\_\_\_\_\_

FURTHER, I do authorize my aforesaid attorney in fact to perform all necessary acts in the execution of the aforesaid authorizations with the same validity as I could effect if personally present. I further declare that any act or thing lawfully done hereunder by my said attorney in fact shall be binding on myself, and my heirs, legal and personal representatives, and assigns whether the same shall have been done either before or after my death or other revocation of this instrument.

PROVIDED, however, that all actions taken hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said

attorney in fact for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney in fact and the designation "attorney in fact."

FURTHER, this Special Power of Attorney shall take affect on \_\_\_\_\_ (INSERT DATE OF THE FIRST DAY OF THE TRIP), and unless sooner revoked or terminated by me, this Special Power of Attorney shall become null and void from and after \_\_\_\_\_.(INSERT DATE OF LAST DAY OF THE TRIP)

This Special Power of Attorney shall not terminate on disability, incompetence, or incapacity of the principal at law.

IN WITNESS WHEREOF I have hereunto set my hand and seal this \_\_\_\_ day of \_\_\_\_\_ (INSERT MONTH), \_\_\_\_\_ (INSERT YEAR).

\_\_\_\_\_  
(Grantor's Signature)

WITNESS: \_\_\_\_\_

WITNESS: \_\_\_\_\_

INDIVIDUAL ACKNOWLEDGEMENT

State of \_\_\_\_\_

COUNTY of \_\_\_\_\_

On this \_\_\_\_ day of \_\_\_\_\_, before me personally

came \_\_\_\_\_ to m known to be the individual described in and who executed the foregoing instrument, and he/she acknowledged that he/she executed the same.

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

May Commission Expires: \_\_\_\_\_