

MEDICAL CARE POWER OF ATTORNEY (MINOR) – SCC MISSION TRIP

KNOW ALL MEN BY THESE PRESENTS, that I hereby constitute and appoint Chandler Dale and Holly Amsler, individually, as my true and lawful attorneys-in-fact and agents, with full power and authority to do in my name and on my behalf any and all acts which I might do if personally present and acting on my behalf in order to provide for the complete medical care of my child named below, as if I were acting for my child (“the purpose”), including, but without limiting the generality of the foregoing, to enter into contracts or authorizations of any kind of description whatsoever, and to exercise any right, option or election which I may have authority to make to effectuate the aforesaid purpose.

This Power of Attorney shall be effective as of March 24, 2019, and shall remain in effect until March 28, 2019 unless revoked in writing prior writing to that time. No person acting in reliance upon this power shall be charged with notice of any revocation hereof in the absence of actual knowledge of such revocation.

It is my intention to grant to my attorneys-in-fact full and complete authority to act for me and in my stead in all matters relating to the purpose. In no event shall persons relying on this Power of Attorney be required to ascertain the authority of my attorneys-in-fact to act hereunder, and all persons dealing with said attorneys-in-fact shall be entitled, in the absence of actual knowledge of revocation, to rely upon the authority of such persons, and the acts of such persons shall bind me and acquit persons dealing with my said attorneys-in-fact to the same extent as if I had been acting in my own behalf.

IN TESTIMONY WHEREOF, witness my signature this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Print Name of Minor Child: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Print Name of Parent or Guardian: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_.

(Parent/Guardian name written by Notary)

My commission expires: \_\_\_\_\_

seal \_\_\_\_\_  
NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY:

\_\_\_\_\_  
Cynthia L. Coffee, Esq.  
Southeast Christian Church  
920 Blankenbaker Parkway  
Louisville, KY 40243  
USA  
Telephone: (502) 253-8000