

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: that the undersigned _____, parents(s) of the child(ren) identified below, residing at _____ hereby make, constitute and appoint as the true and lawful Attorney(s)-in-Fact of the undersigned, to do and execute all or any of the following acts, deeds and things with respect to the care and custody of the following child(ren):

_____, born, _____
_____, born, _____

1. To make health care decisions on behalf of the child(ren) including making decisions regarding the child(ren)'s medical or dental care, whether routine or emergency in nature, including admission to hospitals or other institutions; to consent to, to refuse to consent to, or to withdraw consent to the provision of any care, tests, treatment, surgery, service or procedure to maintain, diagnose or treat a physical or mental condition, as well as the right to sign such medical forms as may be necessary to carry out such decisions; to talk with health care personnel who may be treating the child(ren) and to examine the child(ren)'s medical records and to consent to the disclosure of such records in circumstances the Attorney(s)-in-Fact may deem appropriate; provided however, that the Attorney(s)-in-Fact shall not be required to execute any documents which would involve incurring any personal liability for any such treatment and care, and the undersigned affirms that the undersigned will be responsible for payment for any such care or treatment consented to by the Attorney(s)-in-Fact of the undersigned which is not covered by insurance.
2. To administer medication.
3. To provide and/or authorize transportation.
4. To participate in decisions regarding the child's education and welfare including attending conferences with the child(ren)'s teachers or any other educational authorities, granting permission for the child(ren)'s participation in school trips and other activities, and making decisions and executing any documents pertinent to their education.
5. To exercise such discipline as is necessary to enforce the disciplinary rules of the Harper School District.
6. To consult with law enforcement officials, including juvenile authorities concerning the child.
7. SPECIFICALLY EXCLUDED FROM THE AUTHORITY AND POWERS GRANTED HEREIN IS THE AUTHORITY OR POWER TO CONSENT TO THE MARRIAGE OR ADOPTION OF THE CHILD(REN) NAMED HEREIN.
8. To generally do and perform all matters and things, to execute all other instruments of every kind which may be necessary or proper to effectuate all powers hereinabove specifically granted, or any other matter or thing appertaining to the child(ren) of the undersigned, with the same full powers, and to all intents and purposes, with the same validity as the undersigned could if personally present; and hereby ratifying and confirming whatsoever said Attorney(s)-in Fact of the undersigned shall and may do, by virtue hereto.

The powers herein granted to said Attorney(s)-in-Fact of the undersigned shall be exercisable by any one of them at anytime and from time to time from _____ until _____.

This Power of Attorney shall remain in full force and effect until the date stated above, and any party dealing with the Attorney(s)-in-Fact during such time shall be fully protected and is hereby discharged, released and indemnified from so doing in respect of any matter relating hereto unless such particular party shall have received prior notice in writing of the revocation of this Power of Attorney.

STATE OF OREGON) Name _____
) ss.r
_____)

On _____ 20____, personally appeared the above named NAME and acknowledged the foregoing instrument to be HIS/HER voluntary act. Before me:

_____ Notary Public of Oregon

_____ Commission Expires