

LIMITED POWER OF ATTORNEY for ADULT:

Effective from \_\_\_\_\_ through \_\_\_\_\_,  
or any reasonable extensions of time due to travel delays.

I, \_\_\_\_\_, have made, constituted and appointed, and by  
(name)  
these presents do make, constitute and appoint any one of the \_\_\_\_\_  
(group name)

adults listed below as Exhibit A, acting individually or any combination of them acting jointly, my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to admit me to any hospital or clinic and to authorize any medical treatment, including surgery, in the event of an emergency or illness as he, she or they may deem appropriate.

The purpose of naming so many individuals is to facilitate obtaining rapid consent and the consent of any one individual named above shall be sufficient. Further, any hospital, clinic or doctor may rely on a telephonic communication reasonably believed to be from one of these individuals.

I further agree to assume full financial responsibility for any and all charges incurred, specifically including ambulance, doctor, hospital or medication.

An original of this agreement has been executed, and a copy supplied to each of the individuals listed hereon. Any party relying on this agreement is hereby released from any liability by virtue of acting under this agreement or by virtue of this agreement having been revoked.

DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signed

STATE:  
SS.  
COUNTY:

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared  
(name)  
before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposed mentioned in the instrument.

DATED: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signed

NOTARY PUBLIC in and for the State of \_\_\_\_\_, residing at

\_\_\_\_\_

My Appointment Expires

NOTARY SEAL OR STAMP