



**SPECIAL MEDICAL POWER OF ATTORNEY  
2012-2013**

I, \_\_\_\_\_, designate and appoint the STAFF OF FAITH BAPTIST CHURCH whose address is LICHTENBRUCHERSTRASSE 17, 67661 KAISERSLAUTERN, as my attorney-in-fact to act for as follows, GRANTING until my said Attorney full power to:

**AUTHORIZE ANY EMERGENCY MEDICAL, DENTAL, AND HOSPITAL CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DENTIST SELECTED BY MY ATTORNEY-IN-FACT FOR THE HEALTH AND WELL BEING OF MY FOLLWING NAMED CHILDREN:**

Name of Child

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

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 emergency telephone number is \_\_\_\_\_.

My alternate 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 1 June 2013.

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date