



## Power of Attorney and Permission for Emergency Treatment

KNOW ALL MEN BY THESE PRESENTS: That I/we, the undersigned parent(s) or legal guardian(s)

of \_\_\_\_\_ [child's full name], born on \_\_\_\_\_

[date of birth], legal resident(s) of \_\_\_\_\_ [child's city of residence], Virginia, U.S.A., do hereby

constitute and appoint \_\_\_\_\_ [host parents' names] or agents of

l'Association France Etats-Unis Toulon-Var Ouest of the République française, or agents of the Norfolk Sister City

Association, Inc., our true and lawful attorney(s), to procure and authorize any medical or dental care and treatment,

including any x-ray examination, the administration of an anesthetic and major surgery, if such treatment is deemed

necessary and recommended by a duly licensed physician or dentist to be in the best interest of the health and welfare

of our child as named herein. This consent shall remain effective from July 5 to July 31, 2026\*, unless sooner revoked in

writing, delivered to said physician or dentist or said person(s) entrusted with the custody, care and control of our child

as named herein. IN WITNESS WHEREOF, I/we have set our hands at \_\_\_\_\_ [city], Virginia, United

States of America, this \_\_\_\_ day of \_\_\_\_\_ (month), 2026.

\_\_\_\_\_  
SIGNATURE OF PARENT or LEGAL GUARDIAN

\_\_\_\_\_  
SIGNATURE OF PARENT or LEGAL GUARDIAN

\*The duration is extended in the event of unexpected travel delay.