



## 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

the Deutsch-Amerikanische Gesellschaft, Wilhelmshaven-Friesland, of the Federal Republic of Germany, 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 19 to August 19, 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 \_\_\_\_\_, 2026.

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

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

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