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 _____ (month/day) to _____ (month/day), _____ (year)*, 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. *The duration is extended in the event of unexpected travel delay.

IN WITNESS WHEREOF, I/we have set our hands at _____ [city], Virginia, United States of America, this _____ day of _____ (month), _____ (year).

_____
SIGNATURE OF PARENT or LEGAL GUARDIAN

_____
SIGNATURE OF PARENT or LEGAL GUARDIAN

Certificate of Acknowledgment:

City/County of _____, Commonwealth of Virginia

The foregoing instrument was acknowledged before me this ____ day of _____, 20_____

by_____
(Name of person seeking acknowledgment) **Notary Seal**

_____
Notary Public's signature

Notary registration number: _____

My commission expires: _____