

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, _____ parent of _____ ("Child") consent to the attendance of my child on Scouting activities sponsored by the Boy Scouts of America Troop 59 of the First Presbyterian Church of Lawrence, Kansas, for the period January 1, 2010 to December 31, 2010, and have made, constituted and appointed and by these presents do make and appoint Mark Stogsdill, Scoutmaster of Troop 59, or his designee/s, my true and lawful attorney in fact, for me and in my name, place, and stead to perform the following acts:

1. To sign all medical releases necessary for the proper medical care and attention for my Child and to amend and/or sign any required health form in situations that require such a form and/or to make amendment/s thereto when I am not readily available including specifically those required by any long term summer camp and/or Boy Scout High Adventure camping programs,
2. To incur any and all expenses necessary for the proper medical care and attention for my Child and for which I will accept all financial responsibility;
3. To grant CONSENT FOR TREATMENT to the physician and whomever he/she may designate as his/her assistant(s)/associate(s) to administer such treatment as is needed, and to perform any medical care or procedures as are considered therapeutically necessary based on findings during examination or treatment for the need arising from any occurrence while on a Boy Scout sponsored trip or event;
4. To sign any AUTHORIZION TO RELEASE INFORMATION pertaining to the need for treatment arising from the incident while on a Boy Scout sponsored trip or event giving rise to the need for treatment. I hereby authorize the physician and and/or medical facility attending my Child to release any medical information pertaining to the examination, treatment, history, prescription of medications, and medical expenses of my Child to my attorney-in-fact and to any physician, hospital, clinic, insurance company, and all other agencies deemed necessary in order to provide care and treatment for my Child and to process insurance claims. This authorization also includes the release of any pertinent medical information to any specialist or other medical facility the physician may refer the patient to for medical treatment or evaluation. My attorney-in-fact is also authorized to communicate information to my child's parents or guardian's or as necessary, such other Troop 59 personnel as may be necessary to communicate with me or my Child's other parent or guardians.
5. To transport my Child to and from Scouting events, or, prior to or following such events, to or from my Child's residence or such other place as instructed by myself, my Child's caregiver, or my Child.

All of the above include, but are not limited to, all acts necessary to secure admittance to and treatment in a hospital or emergency room, residence in Boy Scout camps, and travel to and from Scouting events.

This Durable Power of Attorney shall continue in force upon my disability until I revoke it in writing or until it shall expire on December 31, 2010.

IN WITNESS WHEREOF, I have signed my name at Lawrence, Douglas County, Kansas this _____ day of _____, 2010.

Parent or Guardian Signature

Health Insurance Company _____
Policy or Group Number _____
Special Instructions _____

STATE OF KANSAS)
) SS:
COUNTY OF DOUGLAS)

BE IT REMEMBERED, that on this _____ day of _____, 2010, before me, the undersigned, a notary public in and for said county and state, came _____ personally known to me to be the same person who executed the foregoing instrument and duly acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last mentioned above.

Notary Public

My commission expires: _____