

Parental Permission Power of Attorney

I, the undersigned, hereby authorize **OWASSO FIRST ASSEMBLY OF GOD**, and any medical or dental persons, to allow **KEVIN NORWOOD**, or any other designated group leaders of **OWASSO FIRST ASSEMBLY XTREME YOUTH MINISTRIES**, to act in my stead and IN LOCO PARENTIS for my child(ren) to make any and all arrangements that are appropriate and in the best interests of my child(ren), for my child(ren)-s personal care, medical, surgical, or dental care, and:

To give **CONSENT** in my name and in the name of my child(ren) to any and all types of **MEDICAL TREATMENT** or procedures, **DENTAL TREATMENT** or procedures of **SURGICAL** procedures for my child(ren);

To give **CONSENT** in my name and in the name of my child(ren) to the disclosure of any confidential or privileged communication or information related to the care for my child(ren);

To give **CONSENT** in my name and in the name of my child(ren) to the disclosure of any confidential or privileged communication or information related to any youth trip or activity; and

To give **CONSENT** in my name and in the name of my child(ren) to the signing of any and all **RELEASE OF LIABILITY AND INDEMNITY AGREEMENTS**, being aware that **THESE AGREEMENTS DO RELEASE LEGAL RIGHTS** on my behalf and on behalf of my child(ren) and to legally bind me. This document shall be valid from January 1 - December 31, 2012.

Individual-s Name: _____

Home Address (include city & zip): _____

Phone: _____ Age: _____

Medications to which you are allergic: _____

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy #: _____

Parent-s Name: _____

Business Phone: _____ Cell Phone: _____

Parent-s Signature _____