

Medical Power of Attorney

Lions of Texas - Multiple District Two Opportunities for Youth Competition

I, the undersigned, am the parent or legal guardian of

_____,

who is a contestant/participant in the annual Opportunities for Youth competitions sponsored by the Lions Clubs of the State of Texas. I understand these competitions generally take place during the annual Lions of Texas State Convention, which is held in various places around the state. As the parent or legal guardian, I know that I am allowed and encouraged to accompany the contestant/participant to these competitions, and I further understand that each contestant participant must be sponsored by a Lions Club and have a designated Lions Club member as a chaperone to take part in the competition, and that said Lions Club chaperone is to accompany the contestant/participant to the State Convention for the competition. In the event that I cannot be contact otherwise, or if I do not accompany _____ to any of the Opportunities for Youth competitions and that person becomes ill, or in need of medical treatment, by signing this document, I am authorizing _____ (designated Lions Club Chaperone) to provide and/or obtain medical treatment for the participant, including but not limited to:

1. The dispensing of common over the counter medications, such as aspirin, Tylenol, Advil, or the like;
2. Taking the participant to a medical facility or clinic, and consenting to evaluation and treatment by a medical doctor;
3. Transporting the participant to an emergency room or like facility in the event of a serious or life threatening medical condition.
4. Consent to any such course of treatment for the participant deemed medically necessary to save the participant's life, including surgery, blood transfusion, or like treatment.

This power of attorney is only effective during the following dates, and is only effective if I am not present and/or cannot be contacted to direct the medical treatment of the participant:

Effective dates: from _____ to _____.

Signed this ____ day of _____, 20__.

parent/guardian

parent/guardian

State of Texas

County of _____

Before me, the undersigned authority personally appeared _____, who upon being duly sworn stated that they had read the foregoing medical power of attorney, and that the statements contained therein are true and correct to the best of their knowledge and belief.

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public, State of Texas

State of Texas

County of _____

Before me, the undersigned authority personally appeared _____, who upon being duly sworn stated that they had read the foregoing medical power of attorney, and that the statements contained therein are true and correct to the best of their knowledge and belief.

Subscribed and sworn to before me this ____ day of _____, 20__.

Notary Public, State of Texas