

GARRISON FOREST SCHOOL

300 GARRISON FOREST ROAD • OWINGS MILLS, MARYLAND 21117

Re: Health Care Power of Attorney for Student

Dear Parents/Guardians:

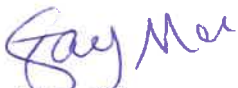
Attached to this letter you will find a Health Care Power of Attorney (the "POA") for your signature. The POA will provide Garrison Forest's Head of School the ability to make health care and mental health treatment decisions for your child **in the event of a medical emergency when the School is unable to get in touch with you and you are thus unable to give your consent to such treatment.** If the Head of School is unavailable for any reason, there are successor appointee's identified as outlined in the POA.

A signed POA is required for all students. You should be assured that GFS will not use this document without first attempting to contact you and would only exercise this POA if emergency medical treatment was necessary. The POA is especially important for those times when students attend events or field trips that are not on school grounds. Indeed, in some circumstances, students that do not have a POA on record may not be able to attend or participate in certain events.

Please note that the POA is solely a precautionary method to help ensure the safety and wellbeing of your child. Should a situation arise where your child does need some type of medical treatment, the School will attempt to contact you prior to consenting to any treatment except where extenuating emergencies where time is of the essence, prevent the School from reaching you.

Should you have any questions related to the POA, please contact the Health Center at 410-559-3200.

Sincerely,



Stacy Mohn
Director of Finance and Operations

HEALTH CARE POWER OF ATTORNEY
TO
GARRISON FOREST SCHOOL

We/I, _____,

Parent(s) Name(s)

of _____

Full Residential Address(es)

Telephone Number(s) & Email Address(es)

do hereby appoint the Head of Garrison Forest School as our/my true and lawful agent and attorney in fact (the "Agent"), with power to make health care decisions for our/my child/children, named below:

Class of:

Child's Full Legal Name

Date of Birth

Class of:

Child's Full Legal Name

Date of Birth

If for any reason the Head of Garrison Forest School is unable to serve as the Agent during a time when a health care decision is necessary, we/I will allow the Head of School to designate another responsible adult member of the Garrison Forest School staff as the second successor Agent.

The Agent shall have full power to consent or not consent to medical and mental health treatment decisions for our/my child/children, including dental, surgical, psychiatric and psychological interventions that he or she believes are in our/my child/children's best interests. The Agent shall also have the power to ride with our/my child/children in an ambulance and to visit our/my child/children in a hospital or other health or mental health treatment facility.

This power of attorney shall be effective during such period as we/I, may for any reason not be able to give our/my consent to health care or mental health treatment for our/my child/children.

This power of attorney shall not be affected by the disability of either one or both of us, but it shall continue in full force and effect during any such disability.

Finally, we/I hereby certify that we/I have legal authority to enter into this health care directive/power of attorney.

Executed this _____ day of _____, 20____.

Parent's or Legal Guardian's Signature

Parent's or Legal Guardian's Signature

Our/My Signature(s) are/is Hereby Witnessed By:

(Two signature witnesses are required. Witnesses may not be the Agent or any successor Agent.)

First Witness's Signature

Second Witness's Signature

Name

Name

Telephone/Email Address

Telephone/Email Address