

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:

Notary Public

State of _____

County of _____

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

Signature Name of Notary

Printed Name of Notary

(NOTARY SEAL)

Commission Expires