

SPECIAL POWER OF ATTORNEY FOR HEALTH CARE

I, _____ **the legal guardian of** _____,
(Child), designate and appoint the medical staff of Project ChalleNGe, Arizona National Guard, as my agent for all matters relating to the health care of my Child, including, without limitation, full power to give or refuse consent to all medical, surgical, hospital care and clinical care, psychological care or mental health. This Power of Attorney shall be effective immediately and shall last as long as the Child is a resident at Project ChalleNGe, including any period during which I am disabled or incapacitated. All of my agent’s actions under this power, during any period during which I cannot be contacted for any reason, shall have the same effect upon my heirs, devisees, and personal representatives as if I was available. This Power of Attorney is made under Arizona Revised Statute 14-5104 (Delegation of Powers by Guardian) and 14-5501 (when Power of Attorney not affected by disability).

The power given herein is given to assist in providing a safe environment and well being of the Child. Nothing in this document shall mean that I have given up any legal right to custody or other parental right that I may have in connection with the Child. It simply gives the Attorney in Fact power to act in my behalf as stated above.

I/we understand that Project ChalleNGe pays for Accidental Injuries only; **I/we are responsible for all medical bills for the student(s) (Doctor visits, Pharmacy, hospital/ER, X-Ray, Dental etc.)** All bills will be sent directly to me from the provider.

In additions to the waiver set out above, I/we CONSENT AND AGREE to the enrollment of our child at Project ChalleNGe, including all the elements it includes. This opportunity is accepted entirely at our own risk and at the risk of the child. In consideration of the provision of the Program thus provided, I/we release and forever discharge the Governments of the United States and the State of Arizona and employees or agents thereof acting officially or otherwise, from any and all claims, demands, actions, or cause of action, on account of any injury or illness to the child or loss of personal property which may occur from any cause during the child participation in the program, as well as all activities incident thereto.

If signed by more than one parent or guardian, this document may be read in the plural sense as to those signing.

I certify, also, that I have legal custody of the above named Child.

I HAVE READ THIS DOCUMENT AND HAD IT EXPLAINED TO ME, AND I APPROVE OF ALL THE TERMS AND CONDITIONS SET OUT IN IT.

ACKNOWLEDGEMENT – On this date before me, a Notary Public personally appeared

Applicant’s Signature _____

Parent/Custodial Parent/Guardian Signature _____

Parent/Custodial Parent/Guardian Signature _____

Known to me or satisfactorily proven to be the person whose name is subscribed to this instrument and acknowledgement that he executed the same. If this person’s name is subscribed in a representative capacity, it is of the principal named in the capacity indicated.

Date _____ NotaryPublic _____