

PERMISSION TO TRAVEL, POWER OF ATTORNEY, MEDICAL AND EMERGENCY CONTACT INFORMATION

_____, hereby appoints
_____ as his/her/their attorney in fact, to act in the place and stead and
with the same authority as he/she would have to act as the guardian of him/herself, including

- the right to act entirely *in loco parentis*,
- the authority to approve or to decline medical treatment of any kind
- the right to review medical records
- the right to travel from _____ to _____, and all points in between, with me.

This Power of Attorney shall be in effect from _____ to _____.

Orienteering is an outdoor activity. I have the following special allergies or medical problems:

Hospitalization Carrier and Policy Number: _____

TWO parent/relative emergency contact phone number(s): _____

Signed by Youth of Legal Age (age 18 or over): _____

Notarized

State of: _____

County of: _____

_____ personally appeared before me and acknowledged the execution of this

Power of Attorney for the purposes set forth herein.

Dated: _____

Notary Signature: _____

Notary Public Commission Expires: _____