

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

\_\_\_\_\_, the parent(s)/legal guardian(s) of \_\_\_\_\_, 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 the person of the aforementioned youth, 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 my child.

This Power of Attorney shall be in effect from \_\_\_\_\_ to \_\_\_\_\_.

Orienteering is an outdoor activity. My child has the following special allergies or medical problems:

Hospitalization Carrier and Policy Number: \_\_\_\_\_

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

Signed by Mother: \_\_\_\_\_

**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: \_\_\_\_\_

Signed by Father: \_\_\_\_\_

**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: \_\_\_\_\_

**If only one parent/guardian's signature is affixed, attach relevant documents that explain the situation, such as death certificate or custody agreement.**