



**Texas Lions MD-2 Opportunities for Youth Contests  
Lions of Texas - Multiple District Two  
Medical Power of Attorney**



This form is intended for students winning state online contests and are attending the State Convention.  
This form must be provided to the State Contest Coordinator prior to the State Convention.

I, the undersigned, am the parent or legal guardian of

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who is a contestant/participant in the annual Opportunities for Youth competitions sponsored by the Lions Clubs of the State of Texas. I know that I am allowed and encouraged to accompany the contestant/participant to the Opportunities for Youth Luncheon at the State Convention and I further understand that each contestant participant must be sponsored by a Lions Club and may have a designated Lions Club member as a chaperone to accompany the contestant/participant to the State Convention to take part in the Opportunities for Youth Luncheon. In the event that I cannot be contacted otherwise, or if I do not accompany the contestant/participant to the Opportunities for Youth Luncheon at the State Convention and that person becomes ill, or is in need of medical treatment, by signing this document, I am authorizing (designated Lions Club Chaperone) to provide and/or obtain medical treatment for the participant, including but not limited to:

1. The dispensing of common over the counter medications, such as aspirin, Tylenol, Advil, or the like;
2. Taking the participant to a medical facility or clinic, and consenting to evaluation and treatment by a medical doctor;
3. Transporting the participant to an emergency room or like facility in the event of a serious or life threatening medical condition; and
4. Consent to any such course of treatment for the participant deemed medically necessary to save the participant's life, including surgery, blood transfusion, or like treatment.

This power of attorney is only effective during the following dates, and is only effective if I am not present and/or cannot be contacted to direct the medical treatment of the participant:

Effective dates: from \_\_\_\_\_ to \_\_\_\_\_

Signed this \_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
parent/guardian

\_\_\_\_\_  
parent/guardian

State of Texas

County of \_\_\_\_\_

Before me, the undersigned authority personally appeared \_\_\_\_\_, who upon being duly sworn stated that they had read the foregoing medical power of attorney, and that the statements contained therein are true and correct to the best of their knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public, State of Texas

State of Texas

County of \_\_\_\_\_

Before me, the undersigned authority personally appeared \_\_\_\_\_, who upon being duly sworn stated that they had read the foregoing medical power of attorney, and that the statements contained therein are true and correct to the best of their knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Public, State of Texas