LIONS CLUBS OF TEXAS MD-2

OPPORTUNITIES FOR YOUTH CONTESTS

Medical Power of Attorney

This form is intended for the parent or legal guardian of the first-place winner of the state contests. The parent or legal guardian must complete, sign, and <u>mail</u> this form to the State Contest Coordinator <u>as soon as</u> the winner is announced.

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

_____

Who is a contestant/participant in the annual Opportunities for Youth competitions sponsored by the Lions Clubs of Texas MD-2. 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 _____, 20___

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