Limited Health Care Power of Attorney

My Agent

I appoint the following persons, or any other Mile High Dive Club (MHDC) employee, volunteer, or independent contractor who may supervise or conduct an activity that my minor son or daughter, _____, may participate in, as my agent to make health care decisions for me as authorized by this document:

Jack Perkins
8000 S Lincoln St
Unit 4
Littleton, CO 80122

Jenn Hess

When Agent May Make Health Care Decisions for My Minor Son or Daughter

My agent is directed to make health care decisions regarding the health and welfare of my minor son or daughter whenever I cannot make or communicate such decisions myself due to my own unavailability. Unavailability may be determined when I am not present at the MHDC activity described below during which my minor son or daughter is injured or takes ill and I cannot be reached by telephone.

My Agent's Authority

I give my agent complete authority to make decisions regarding the health and welfare of my minor son or daughter should such minor son or daughter be injured or take ill while participating in any MHDC activity including, but not limited to, lessons, team practices, meets and camps that are supervised and/or conducted by MHDC coaches.

I authorize my agent to consent to any medical treatment or procedures necessary under the circumstances for the health and welfare of my minor son or daughter.

The authority granted herein is limited by the two contingencies described above: first, that I am unavailable and second, that my minor son or daughter is injured or takes ill during a MHDC activity described above.

Revoking My Agent's Authority

The authority granted herein can be revoked by me by a written statement, oral notification to the Agent or any other expression of my intent to revoke this document. If I revoke this document, only a parent or legal guardian of my minor son or daughter, or an agent of such parent or legal guardian appointed by a separate document, may make health care decisions for my minor son or daughter when I am unavailable and my minor son or daughter is injured or takes ill during a MHDC activity described above.

Validity

A fully executed original of this document and a copy of such original shall be equally valid and binding.

Authorization

By my signature below, I indicate that I understand the purpose and effect of this document

_____ _____
Parent or Legal Guardian Signature Date

_____ _____
Printed Name Phone Number(s)

Additional Health Care Information

In case of emergency, contact:

_____

Health Insurance Company: _____

Health Policy Number: _____

Known allergies to medicine and medical conditions:

_____
_____
_____
_____
_____
_____
_____