

Power Of Attorney

I, _____, presently of
(Parent or Legal Guardian)

(Address)

(City/State/Zip)

do hereby appoint Jennings Place, Inc. staff & volunteers (including but not limited to Jennings Place Parents Names)
(Name/Title of physical guardian)

of _____, my true and lawful attorney-in-fact for
(Jennings Place Address)

me and in my name, place, and stead and on my behalf, and for my use and benefit:

1. To enroll my child, _____ born ____ / ____ / ____ grade _____ in any public or private school or other educational institution, and to make all appropriate academic and curriculum decisions which may, in the judgment of my attorney-in-fact serve the best interest of my child _____.
2. To receive educational, institutional, health, medical, welfare, and all other information which my said attorney-in-fact may deem necessary to carry out my intent or for the benefit of my child, _____.
3. To obtain and contract for any and all types of medical, hospital, surgical, therapeutic, pharmaceutical, or other health care and treatment, both physical and mental, for my child, _____.
4. To make and execute any applications, waivers, releases, and authorizations for any/all of the following: educational/school functions, procedures and field trips, school physical activities, other school activities, after school/outside school activities, including sports teams of all types, for my child _____.
5. To do any and all other things not inconsistent with the above, it being my intent that my said attorney-in-fact may, can, and shall do any and all things in my place and in my stead for the benefit of my child, _____.
6. This instrument shall be construed and interpreted as a general Power of Attorney with respect to the powers, matters, and things set fort herein, and my attorney-in-fact shall have such other powers which shall enable my attorney-in-fact to carry out my intent for my child, _____.
7. This is a durable Power of Attorney as that term is used in the laws and statutes of _____.
(County/State/Country)

This Power of Attorney shall commence and be in full force and effect on the date executed, and such rights shall remain in full force and effect thereafter until I, _____ give notice in writing that such Power of Attorney is terminated or my child, _____, shall attain the age of eighteen years.

Signature of Parent or Legal Guardian

Date

On this, ____ day of _____, _____, before me personally came, to me known to be the person described in and who executed the foregoing Power of Attorney and acknowledge that he/she/they executed the same as his/her/their free will, act, and deed.

MY COMMISSION EXPIRES

Notary Public