

Medical Power of Attorney – Health Care Decisions & Emergency Travel

I, _____ [full legal name] , Declarant, hereby declare that I am the lawful guardian of _____ [minor’s full legal name] , a citizen of the United States, with a current address of _____ [street, city, state, zip] (“Patient”) hereby appoint:

- 1. Kane McEntire
2. Tony Bamberger
3. Joey Bamberger

as agent(s) (herein “Agent”), during times of approved travel specified below, to make health care decisions for the Patient if and when I am unable to be contacted or unable to make healthcare decisions for the Patient.

This agreement gives each Agent the power to consent, seek, provide, procure or refuse or stop any health care, treatment, service, emergency transportation or diagnostic treatments, limited by the following limitations /exceptions:

_____ (print none if none)

States of Travel: Kansas, Colorado
Duration of Travel: July 2024

All parties acknowledge that additional contact information is contained on the emergency information sheet and also in the possession of the Agent(s) during any travel.

THIS IS TO FURTHER CERTIFY that I have made, constituted, and appointed, and by these presents do make, constitute and appoint any of the above Agents my true and lawful attorneys, said attorneys having authority to act individually in fact for me/us and in my name(s), place(s) and stead(s) to give any medical doctor or hospital consent to give any and all medical attention and services, of every nature, to and for the Patient above named deemed necessary by my said attorneys, to be done in the premises as fully as I could do if personally present without limitation, my acknowledgment of my personal liability for all reasonable charges for all such medical services, release of medical records and/or attention furnished at the request of my said attorneys-in-fact.

Parent/Guardian Signature
Adult Witness Signature / Witness Legal Name

STATE OF _____)
) ss:
COUNTY OF _____)

BE IT REMEMBERED THAT ON THIS _____ day of _____, 20___, before me, the undersigned, a Notary Public in and for said County and State, came _____, who is/are known to me to be the same person/s who executed the foregoing instrument of writing, and such person/people duly acknowledge/s the execution of the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed by official seal the day and year last written above.

[SEAL] Notary Public