



C/O Anchorage Youth Development Coalition • 3350 Commercial Dr. Suite # 103 • Anchorage, AK 99501
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EMERGENCY MEDICAL POWER OF ATTORNEY

THE ORIGINAL NOTARY MUST BE SUBMITTED TO COMPLETE THE APPLICATION PROCESS

I, _____ (parent/guardian/host) authorize Rotary District 5010, Rotary Youth Leadership Awards (RYLA), through any person that Rotary District 5010 shall deem proper, to obtain any necessary emergency medical treatment for _____ (participant), born ____/____/____, including all decisions but not limited to, the power to arrange for or consent to emergency medical care.

THIS POWER OF ATTORNEY is executed pursuant to the provisions of AS 13.26.020 relating to delegation of power by a parent/guardian.

THIS POWER OF ATTORNEY shall remain in force and effect for that period of the Rotary District 5010, RYLA2008 event, March 27-30, including travel periods to and from their residence, unless earlier revoked by me in writing.

IN WITNESS WHEREOF, this _____ day of _____, 2008.

Parent/Guardian Signature

THIS IS TO ACKNOWLEDGE that on this _____ day of _____, 2008, before me, the undersigned witness, Notary Public and/or other individual capable of administering oath. appeared _____, (parent/guardian/host) for the above named minor, known to me to be the individual named in the Medical Power of Attorney, and acknowledged that the information contained therein is true and that they executed the same freely voluntarily for the purpose stated therein.

GIVEN under my hand and official seal the day and year last above written.

Witness/Notary Public and/or other individual capable of administering oath