

**MEDICAL POWER OF ATTORNEY**

**From**

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**Full name(s) of Parent(s) or Guardian(s)**

**To**

**TIGER AQUATIC CLUB**

We (I) \_\_\_\_\_  
Full name(s) of Parent(s) or Guardian(s)

Of \_\_\_\_\_  
Residential Address

\_\_\_\_\_  
Emergency Telephone Number

We (I) do hereby appoint Dustin G. Perry the Head Coach of Tiger Aquatic Club, or his designate, our true and lawful attorney in fact, with full power in loco parentis, to decide upon and consent to the rendering of any medical treatment, including surgery, which he deems in the best interest of the health and welfare of our child (or children).

\_\_\_\_\_  
Insert the name(s) of the child or children

This power of attorney shall be effective during such period of time as we, or either of us, may for any reason not be available to give our consent to any medical treatment including surgery for our child (or children).

This power of attorney shall not be affected by the disability of either or both of us but shall continue in full force and effect during any such disability.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Witness