

HAITI 180, Inc.

PARENTAL POWER OF ATTORNEY
FOR MEDICAL TREATMENT AND
TRAVEL OUTSIDE U.S. WITH A MINOR CHILD

<i>Name of Minor Child:</i>	_____ ;
<i>Minor Child 's Date of Birth:</i>	_____ ;
<i>Parents/ Guardians</i>	_____ ;

As the parent or legal guardian of the above-named minor child, I hereby authorize and appoint Sean Forrest, an adult or a duly authorized agent of Haiti 180, Inc. as my agent to act for me with respect to my minor child and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child solely for the purposes specified in this Power of Attorney. This authorization is made pursuant to Idaho Code § 15-5-104.

AUTHORIZATION TO TRAVEL OUTSIDE OF UNITED STATES:

I expressly authorize and appoint my agent to travel outside the United States with my minor child to and from Haiti, and consent for my minor child to participate in the mission trip to Haiti with Haiti 180, Inc.

AUTHORIZATION FOR MEDICAL TREATMENT:

I hereby authorize my agent to consent to any medical care and treatment for my minor child that is recommended by a licensed healthcare provider to whom the minor child is presented for treatment. In order to ensure that the minor child receives prompt medical care and treatment when necessary, I hereby release any licensed healthcare provider providing medical care to the minor child in reliance of this form from liability relating to such provider 's acceptance of my agent.

This Power of Attorney shall remain in full force and effect:

From: Day _____ /Month _____ /Year _____

To: Day _____ /Month _____ /Year _____

Parent or Guardian

Dated this ____ day of _____, 2019

Parent or Guardian

Dated this ____ day of _____, 2019

STATE OF _____)
) ss.
County of _____)

On this _____ day of _____, 2019, before me, a Notary Public, personally appeared _____, known or identified to me to be the individual who executed the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(NOTARY SEAL)

Notary Public, State of _____
Printed Name: _____
My Commission Expires: _____

STATE OF _____)
) ss.
County of _____)

On this _____ day of _____, 2019, before me, a Notary Public, personally appeared _____, known or identified to me to be the individual who executed the foregoing instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

(NOTARY SEAL)

Notary Public, State of _____
Printed Name: _____
My Commission Expires: _____

MEDICAL HISTORY

Minor Child's Name: _____

Minor Child's Date of Birth: _____

Allergies: _____

Religion: _____

Blood Type: _____

Date of Last

Tetanus Shot: _____

Previous Hospitalizations and

Major Illnesses: _____

Current Medications: _____

Physician Name

And Telephone #: _____

OTHER INFORMATION

Father's Name, Address

And Telephone Number: _____

Place of Employment: _____

Work Telephone: _____

Insurance Company: _____

Policy Number: _____

Mother's Name, Address

And Telephone Number: _____

Place of Employment: _____

Work Telephone: _____

Insurance Company: _____

Policy Number: _____

EMERGENCY CONTACT INFORMATION

I/We ___ HAVE ___ DO NOT HAVE Major Medical Insurance that will cover this minor child for medical treatment outside the United States; and that I/WE ___ AUTHORIZE ___ DO NOT AUTHORIZE the above named person to make medical treatment decision of the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

<i>Name:</i>	
<i>Address:</i>	
<i>City, State, Zip Code:</i>	
<i>Home Telephone:</i>	
<i>Work Telephone:</i>	
<i>Alternate Name and Phone Number:</i>	

Signature: _____ Dated this ___ day of _____, 2019

Signature: _____ Dated this ___ day of _____ 2019