

Assembly: _____ Name: _____

LIMITED MEDICAL POWER OF ATTORNEY

(FOR A RAINBOW GIRL ATTENDING A RAINBOW FUNCTION)

I/We, the undersigned parent(s) or legal guardian(s) of _____ do hereby appoint _____ as attorney-in-fact to authorize *emergency medical and surgical treatment, including necessary hospitalization*, for said child that, in the opinion of a licensed physician, surgeon or emergency facility intake person, is necessary or reasonably required to ensure her health.

An authorization for treatment or hospitalization signed by the above designated attorney-in-fact may be relied upon to the same extent as if executed personally by the undersigned.

This appointment shall be valid and in full force and effect from _____ to _____

Optional Authority: If you wish to permit the adult in charge of the Rainbow Function your child is attending (from the Ohio Grand Assembly, International Order of the Rainbow for Girls) to authorize "emergency treatment" in the unexpected absence of your designated attorney-in-fact, you may initial and date this line _____

Signature of Parent or Guardian

Signature of Parent or Guardian

STATE _____ OF _____ (OHIO)
COUNTY OF _____)ss:
_____)

Before me, a Notary Public, in and for the County and State aforesaid, came _____ and _____, personally known to me or proven by sufficient identification to be the person(s) who executed the foregoing instrument, and acknowledged the same to be their free act and deed.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal, this _____ day of _____ 20____.

My commission expires: _____ Notary Public

EMERGENCY INFORMATION

Family Contact:

(1) _____ () _____ () _____
Parent or Guardian Home Telephone Business/Cell Telephone

Street Address City State Zip

Employer Occupation

(2) _____ () _____ () _____
Parent or Guardian Home Telephone Business/Cell Telephone

Street Address City State Zip

Employer Occupation

