



West Ohio Conference *Volunteers in Mission: Power of Attorney*

to be used with minors/persons requiring a legal guardian



When completed, please return to Team Leader

A copy of this form will be left with the local church or conference office in the event of an emergency.

Know all persons by these present that we (I) (Name of Parent/Legal Guardian), _____
 of (Address) _____
 and (Name of Parent/Legal Guardian), _____ of (Address) _____
 appoint (VIM Team Leader(s) or parent/legal guardian participating on mission team) _____
 our attorney for us and in our name and on our behalf to consent to the administration of necessary
 medical treatment and/or hospital care upon (Child/Person Requiring a Legal Guardian)
 _____ during the period of (Mission Dates) _____
 and to execute all instruments to carry out and perform the aforesaid powers, and to do any other
 acts requisite to carrying out such powers. I/we, the parent(s)/legal guardian agree to be financially
 responsible for the services provided. I/we authorize the release of medical information to or from
 my/our/their insurance company and my/our/their personal physician. If we (I) (Name of Parent(s)/Legal
 Guardian(s) participating on mission team) _____ cannot act as the Power
 of Attorney for (Child/Person Requiring a Legal Guardian) _____, I hereto
 appoint (VIM Team Leader) _____ our attorney for the aforementioned
 responsibilities, privileges, and tasks of care of our child/person requiring a legal guardian.

IN WITNESS WHEREOF, I have hereunto executed this Power of Attorney on this

_____ day of _____, _____.
Month Year

Signature of Parent/Legal Guardian

Signature of Witness

Signature of Parent/Legal Guardian

Signature of Witness

Notarization of Power of Attorney Form

STATE OF _____ PARISH OR COUNTY OF _____

On this _____ day of _____, _____ (year), before me personally appeared

_____ to me known to be the same person described in and who executed the within instrument, and who acknowledged the same to be the free act and deed thereof.

Notary Public, _____

Parish or County _____

State of _____ My Commission Expires _____