## BIBLE BOWL STUDENT TRIPS, SUMMER 2019 MEDICAL CARE POWER OF ATTORNEY (MINOR)

KNOW ALL MEN BY THESE PRESENTS, that I hereby constitute and appoint April Daughtery and Beth Schneider, or either of them, individually, as my true and lawful attorneys-in-fact and agents, with full power and authority to do in my name and on my behalf any and all acts which I might do if personally present and acting on my behalf in order to provide for the complete medical care of my child, named below, as if I were acting for my child ("the purpose"), including, but without limiting the generality of the foregoing, to enter into contracts or authorizations for medical care of any kind or description whatsoever, and to exercise any right, option or election which I may have authority to make to effectuate the aforesaid purpose.

This Power of Attorney shall be effective as of June 2, 2019, shall remain in effect through June 5, 2019; and effective as of June 15, 2019, and shall remain in effect through June 23, 2019, unless revoked in writing prior writing to that time. No person acting in reliance upon this power shall be charged with notice of any revocation hereof in the absence of actual knowledge of such revocation.

It is my intention to grant to my attorneys-in-fact full and complete authority to act for me and in my stead in all matters relating to the purpose. In no event shall persons relying on this Power of Attorney be required to ascertain the authority of my attorneys-in-fact to act hereunder, and all persons dealing with said attorneys-in-fact shall be entitled, in the absence of actual knowledge of revocation, to rely upon the authority of such persons, and the acts of such persons shall bind me and acquit persons dealing with my said attorneys-in-fact to the same extent as if I had been acting in my own behalf.

IN TESTIMONY WHEREOF, witness my signature this day of, 2019.
Print Name of Minor Child:
Print Name of Parent or Guardian:
Signature of Parent or Guardian:
STATE OF)
) SS COUNTY OF)
Before me, a Notary Public, in and for the state and county aforesaid, appeared, personally known to me, and on theday of, 2019, executed the
foregoing Power of Attorney and acknowledged the same to be his or her act and deed.
My commission expires:
NOTARY PUBLIC