

**SPECIAL POWER OF ATTORNEY**

KNOWN ALL MEN BY THESE PRESENTS, THAT I, \_\_\_\_\_,  
of \_\_\_\_\_ (address), the natural parent  
of \_\_\_\_\_, a minor child, born \_\_\_\_\_, have  
made, constituted and appointed, and by these presents, pursuant to ORS 126.030 do make,  
constitute and appoint \_\_\_\_\_ of  
\_\_\_\_\_ (address), my true and lawful  
attorney, for me and in my name, place and stead, and for the use and benefit of  
\_\_\_\_\_ my said minor child, to:

1. Acquire and consent to any and all medical and dental treatment for said minor child, including, but not exclusively, physicians, dentist, surgeons and hospital care;
2. Execute in favor of any hospital, physician, surgeon, dentist or other person furnishing medical or dental care and treatment for such child, such release incident to his/her care as shall be required;
3. Execute in favor of any school, or school district, any documents, including releases incident to his/her education as shall be required;
4. Act as the parents of, and natural guardians of, said minor child for all purposes relating to the health, education, maintenance and welfare of said child during the time period said child is in the care and custody of the above-named person.

I do further consent that the said \_\_\_\_\_,  
have my authority and consent to have said minor child in their care, custody and control, and further that they have my authority and consent to travel with my said minor child in the United States of America for the purposes of recreational travel.

IN WITNESS WHEREOF, I have signed this Special Power of Attorney this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_\_ (town), \_\_\_\_\_ (county), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature

On this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_,  
before me personally appeared the above-named \_\_\_\_\_, and  
acknowledged the foregoing instrument to be his/her voluntary act and deed.

\_\_\_\_\_  
NOTARY PUBLIC, OREGON

My commission expires: \_\_\_\_\_