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# KANSAS CITY GIRLS ACADEMY

TEEN CHALLENGE KANSAS CITY GIRLS ACADEMY

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## Child Information

Child: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Child's Age: \_\_\_\_\_

Child's SSN: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_

Parent/Guardian's Address: \_\_\_\_\_

### POWER OF ATTORNEY

THIS AGREEMENT, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between, a Missouri non-profit corporation, engaged in the care and rehabilitation of K-12-age girls on a Christian basis in a Christ-centered institution (hereinafter "the Ministry"), and \_\_\_\_\_ [guardian's full name] and/or \_\_\_\_\_ [2<sup>nd</sup> guardian's full name] of \_\_\_\_\_ [guardian's city and state of residence], (the "Parent"), being the Parent(s), legal guardian(s) or having legal custody of \_\_\_\_\_ [child's full name], a minor, age \_\_\_\_\_ [child's age], born \_\_\_\_\_ [child's birthday] (the "Child"), covenant and agree as follows:

#### Power of Attorney

The Parent hereby grants to the Ministry, its director, or its agents, a Power of Attorney over the Child to act in loco parentis (in place of Parent) in all matters pertaining to the Child's health, safety, education, and general welfare. This Power of Attorney includes but is not limited to the following:

- Securing upon the advice of a licensed healthcare provider or dentist any medical, surgical, or dental treatment, including admission to or transfer to or from a healthcare facility, that may be required, including administration of prescriptions and/or patented medicines.
- To obtain copies of public and/or confidential records from schools, courts, state and county agencies, healthcare providers, or hospitals, which may be needed for admission, discharge, special school placements, or other requirements in accordance with the planned objectives of this placement, as determined by the Ministry administration.
- To release records pertaining to the Child's healthcare, education, behavior, counseling, and/or other records to entities or persons for treatment, consultation, assistance, further education, and other purposes deemed by the Ministry to be in the Child's best interests
- To execute all documents deemed necessary by a healthcare provider or other professional, for the treatment, care, or other services for the child;
- To supervise the Child's daily living requirements, including authority to administer discipline when under the supervision of the Ministry employees or agents, in accordance with the planned objectives of this placement.
- To use other forms of discipline such as restrictions, temporary loss of privileges, added assignments, etc.
- To transport the Child to and from his various activities either by private vehicle, bus, public transportation, or personal vehicle of the Ministry's employees or other agents.
- To allow the Child to participate in normal childhood and/or teenage activities including but not limited to school, church, and social events, with the supervision of a staff member.
- To allow the Child to ride horses, work with livestock, swim, fish, operate a boat, fly in an airplane, water ski, go camping, hike, bicycling, and other childhood activities.
- To allow the Child to receive a [state] driver's license at the appropriate age and to drive vehicles owned, leased, or loaned to the Ministry.

- To allow the Child to operate designated farm vehicles, tractors, and equipment when approved and supervised by staff.
- To provide religious and spiritual instruction which includes church attendance, ordinances, Bible studies, and youth fellowship activities.
- To allow the Child to travel to and attend normal activities with the understanding that the Child may not always be accompanied by, nor directly supervised by, a staff member of the Ministry.

\_\_\_\_\_  
Parent/Legal Guardian (Print)                      (Signature)                      Date

\_\_\_\_\_  
Parent/Legal Guardian (Print)                      (Signature)                      Date

\_\_\_\_\_  
Witness                      Date                      Witness                      Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this day \_\_\_\_\_ of \_\_\_\_\_ in the year \_\_\_\_\_, before me, the undersigned notary public, \_\_\_\_\_ (name), appeared \_\_\_\_\_ (name of Principal), personally known to me or proved to me based on satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the above instrument and acknowledged to me that he/she/they executed the same for the purposes therein stated and that Principal appears to be of sound mind and under no duress, fraud, or undue influence.

In witness whereof, I hereunto set my hand and official seal.