**SPECIAL POWER OF ATTORNEY**

 **KNOW ALL MEN BY THESE PRESENTS** that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has made constituted and appointed, and does make, constitute and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, his/her/their true and lawful attorney for him/her/them, and in his/her/their name, place and stead, for the purpose of authorizing his/her/their child(ren), namely: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to travel to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with others from \_\_\_\_\_\_\_\_\_\_\_\_\_ Catholic Church on a mission trip during the period, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and to authorize medical care for him/her/them, giving and granting unto said attorney full power and authority to do and perform all and every act and thing whatsoever requisite and necessary to provide for the care and welfare of his/her/their child(ren), as he/she/they might, or could do if personally present, during the mission trip, including but not limited to any medical care, transportation, or travel arrangements.

 **IN WITNESS WHEREOF**, I have set hereunto my hand the \_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.

Signed and delivered in the presence of:

WITNESSES:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Legal Guardian

STATE OF FLORIDA

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

SWORN TO AND SUBSCRIBED to before me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who is known personally by me or presented his \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as identification, this the \_\_ day of \_\_\_\_\_\_\_\_\_, 20\_\_\_.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NOTARY PUBLIC

 My Commission Expires: