



## DURABLE POWER OF ATTORNEY

We, \_\_\_\_\_, parents and lawful guardians of \_\_\_\_\_, (DOB \_\_\_\_\_) appoint \_\_\_\_\_, as our attorneys-in-fact with full power to carry out all acts specified herein from \_\_\_\_\_ until \_\_\_\_\_. This power of attorney shall not be affected by our subsequent disability or incapacity or the inability to contact us or communicate with us concerning our child. The following powers are granted to our attorneys-in-fact to be used for the benefit and behalf of our child:

### I. Travel and Transportation

- a. To purchase tickets and travel permits;
- b. To arrange transportation and travel plans;
- c. To accompany our child during travel;
- d. To remove our child from Florida;
- e. To travel with our child by airplane, train, bus, boat or motor vehicle;
- f. To sign and deliver any releases of liability or consents to participation that may be needed in order for our child to join in and participate in activities, experiences and travel; and,
- g. To arrange and authorize evacuation or emergency transportation.

### II. Medical Care and Treatment

- a. To arrange, authorize or withhold authorization for medical, vision, or dental care, hospitalization and surgical procedures;
- b. To authorize admission to clinics, hospitals, laboratories, surgeries or doctors' offices;
- c. To enter into agreements for care and to incur costs, fees and expenses for care;
- d. To arrange for discharge, transfer from, or change in type of care;
- e. To arrange for consultation, diagnosis or assessment as may be required for proper care and treatment; and,
- f. To authorize and dispense medicines, drugs, prescriptions, therapies and rehabilitative treatments, such as epi-pens, syringes, inhalers, nebulizers, etc.; and
- g. To receive, release, discuss, disclose, and exchange medical, psychological, counseling, and other confidential health information relating to our child with medical professionals.

### III. Rights and Duties

- a. To act in loco parentis;
- b. To set up any bank accounts that our attorneys-in-fact deem necessary to take care of our child while he/she is attending school and to make deposits or withdrawals in any such account that is deemed necessary to take care of our child;
- c. To take all actions necessary to properly care for our child and to permit our child to fully engage in all school activities, including, without limitation, to sign and deliver any releases of liability or consents to participation that may be needed in order for our child to join in and participate in school activities; and
- d. To take all actions necessary to make appropriate travel arrangements for any travel necessary for our child, including, but not limited to, return travel to [insert home country].

Neither [names of who POA given to] nor Academy at the Lakes (including its officers, directors, trustees, shareholders, managers, partners, employees, staff, volunteers, and supervisors and their successors and assigns) shall incur any liability whatsoever acting under authority of this Durable Power of Attorney, including without limitation, by reason of the giving any authority or consent to treatment hereunder, and there is no obligation on the School or the [names] to be available to exercise this power of attorney should the minor need medical, vision or dental attention.



Parents, jointly and severally, on their own behalf and on behalf of the minor (collectively the "Releasors"), hereby waive, release and discharge, and covenant not to sue, the School, and its officers, directors, trustees, shareholders, managers, partners, employees, staff, volunteers, and supervisors and their successors and assigns, or [names] (collectively the "Releasees") from any and all liability and/or claims, suits, damages, injury, disability, death, costs and expenses, in any way related to the authority exercised under this Durable Power of Attorney, including without limitation, to any medical treatment or procedure as a result of any consent hereunder, including any acts or omissions by any person, whether caused by the sole or joint negligence or tortious act or omission of the Releasees or any third party (collectively the "Claims"). The Releasors hereby knowingly and voluntarily waive, to the fullest extent permitted by law, the benefits of any statute, law, rule, or common law which may limit the scope of this Waiver and Release.

In the event that this Waiver and Release is found to be invalid, unenforceable, or void, in whole or in part, for any reason, then the Releasors acknowledge and agree that in no event, including, without limitation, the negligence or gross negligence of the Releasees, or any of them, shall the Releasees' aggregate liability to Releasors or any other person exceed any applicable insurance limits, and in no event shall Releasees, or any of them be liable to any person for special, incidental, consequential, or punitive damages or for any indirect damages such as, but not limited to, exemplary damages or lost earnings, lost revenues or loss of consortium, or companionship (even if the Releasees have been advised of the possibility of such damages) whether based upon statute, contract, tort, negligence, strict liability, or otherwise.

**We have signed our names to this Durable Power of Attorney this \_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Father and lawful guardian

\_\_\_\_\_  
Mother and lawful guardian

County \_\_\_\_\_

State \_\_\_\_\_

**Before the undersigned Notary Public, personally appeared \_\_\_\_\_, parents and lawful guardians of \_\_\_\_\_, who is/are personally known to me/or who produced identification (type of ID) \_\_\_\_\_, and who did/did not take an oath.**

**Given under my hand and official seal this \_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
Notary Public

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

Notary Seal



**Parental Information**

Father's Name (print) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mother's Name (print) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

Does your child use prescribed medications or supplies, such as epi-pens, syringes, inhalers, nebulizers, etc.?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, describe: \_\_\_\_\_

We understand that we must inform the School of any current or past medical conditions, experiences or problems. We have listed below any and all medical, mental, vision, dental, emotional, dietary or physical conditions, restrictions, concerns or allergies that the School should be aware of in dealing with our child. \_\_\_\_\_

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

**Guardian Information**

Name(s) (print) \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_