

**TEMPORARY POWER OF ATTORNEY
FOR LOCAL GUARDIAN TO SUPERVISE
MY STUDENT AT LIBERTY CHRISTIAN ACADEMY**

Minor Child for Whom My Agent Will Act

Child's Printed Name

Child's Date of Birth

Parent or Guardian of Child

Printed Name of Parent(s) of Guardian:

Printed Name of Parent(s) of Guardian:

Address of Parent(s) or Guardian:

Telephone Number of Parent or Guardian:

Local Agent to Act for Child

Printed Name of Agent to Act for Child:

Agent's Local Address:

Agent's Telephone Number:

I, the undersigned principal, hereby appoint my Agent named above (hereinafter my "Agent"), to act on my behalf, and to be my agent for making education related decisions and health care decisions for my minor child named above (hereinafter my "Child"), and in my name, place and stead and on my behalf to do and perform all things and acts relating to educational decisions and health care decisions

for my Child, that I might personally do, including but not limited to the following:

1. Execute upon such terms and conditions as my Agent may deem proper any and all contracts, amendments to contracts, applications, enrollment forms, and all other documentation related to both education-related and non-education related activities for my Child, and to make any and all decisions related to my Child's education;
2. Execute upon such terms and conditions as my Agent may deem proper any and all consent forms for my Child's participation in both education-related and non-education related activities, whether sponsored by Liberty Christian Academy (hereinafter "LCA") or by other third party providers;
3. Execute upon such terms and conditions as my Agent may deem proper any and all consent forms for my Child's participation in any and all religious activities, including attendance at religious services, religious school, camps, and any other such activities;
4. Make decisions to resolve or decide any and all issues concerning my Child, including, but not limited to parent teacher conferences (including attendance at such conferences in my place), extra-curricular activities, special education, sports, field trips, disciplinary action, progress reports, transcripts, transportation, and attendance;
5. To perform and provide discipline to my Child and to decide any and all legal matters necessary or desirable for my Child;
6. On behalf of my Child, to consent to any type of medical care, treatment, surgical procedure, diagnostic procedure, medication and the use of mechanical or other procedures that affect any bodily function, including, but not limited to, artificial respiration, artificially administered nutrition and hydration, and cardiopulmonary resuscitation, and any life prolonging procedures;
7. To request, receive or review any information, verbal or written, regarding my Child's physical or mental health, including but not limited to, medical and hospital records, and to consent to the disclosure of this information;
8. To employ and discharge my Child's health care providers, including physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of the Commonwealth of Virginia to administer health care as my Agent may deem necessary for the physical, mental, and emotional well being of my Child, and to authorize my Child's admission to or discharge (including transfer to another facility) from any

hospital, hospice, nursing home, or other medical care facility;

9. To act as a Personal Representative of my Child, as provided in the Health Insurance Portability and Accountability Act (“HIPAA”), and each health care provider or other entity covered by HIPAA is hereby directed to release to my Agent such medical information as my Agent may request in order to perform his or her duties and/or for my Agent to make any decision authorized hereunder, and otherwise to evaluate my Child’s health. My agent is also authorized to execute any and all releases and other documents necessary in order to obtain disclosure of my Child’s patient records and other medical information subject to and protected under HIPAA. I intend that this authorization provide my Child’s health care providers with the authorization necessary to allow each of them to disclose such medical information without the necessity of my Agent or I having signed personally any other particular document or form, and I hereby direct them to do so. I understand that protected health information disclosed by any such health care providers pursuant to this authorization is subject to further disclosure and use by such my Agent and may thereafter no longer be protected by such privacy rules.

10. To generally do and perform all matters and things, to execute all other instruments of every kind which may be necessary or proper to effectuate all powers granted in this document, or any other matter or thing appertaining to my child, with the same full powers and validity as I could if personally present, and otherwise to take all action necessary and appropriate for my child as if my Agent were my Child’s Natural Guardian.

The powers of the agent herein shall be limited to the extent set out in writing in this power of attorney for health care and education related decisions, and *shall not include* the power to consent to adoption or marriage, or to the refusal or withdrawal of life-prolonging procedures. Further, my agent shall not be liable for the costs of treatment pursuant to his or her authorization, based solely on that authorization.

This temporary power of attorney shall become effective immediately and shall not be affected by my subsequent disability or incapacity. The rights, powers, and authority granted herein shall remain in full force and effect thereafter until the earliest of my death, the revocation or other termination of this power of attorney, or 30 days after my Child’s program end date as stated on my Child’s Form I-20.

I hereby revoke any power of attorney I have previously made for my Child. I may revoke this power of attorney by delivering a written Notice of Termination to my Agent at any time. I agree that if I do revoke this power of attorney while my Child is enrolled at LCA, I will execute a new power of attorney, using this form or such other form as LCA may direct, naming a new Agent for my Child, which Agent shall reside within such maximum distance of Lynchburg, Virginia as LCA may require.

I agree that any third party, including LCA, who receives a copy of this document may honor it. Revocation of the durable power of attorney is not effective as to a third party until the third party receives actual notice of the revocation. I agree to indemnify LCA and any other third party for any claims that arise against the third party because of reliance on this power of attorney.

I hereby release my Agent from any and all liability and damages of any kind or character whatsoever for the performance of the duties herein provided in consideration for my Agent's acceptance of the duties specified herein.

Dated this ____ day of _____, 20 ____.

Signature of Parent or Guardian

Signature of Parent or Guardian

Witnessed by (must have two witnesses):

Name

Address

Witness Signature

Printed Name

Witness Signature

Printed Name

STATE OF _____)
) SS:
COUNTY OF _____)

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person executing this power of attorney, whose name is subscribed to the foregoing instrument; and, he or she being by me first duly sworn, said he or she declared to me in my presence that said instrument, is for his or her minor child, and he or she has willingly made and executed it as his or her free and voluntary act and deed for the purposes therein expressed; and that said Principal, at that time possessed the rights of majority, was of sound mind and under no restraint.

Subscribed and sworn to before me by _____, this _____ day of _____, 20____.

NOTARY PUBLIC

My appointment expires: _____