## POWER OF ATTORNEY FOR CARE OF CHILDREN

PREAMBLE: This document is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10, United Stated Code, Section 1044(b), and executed by a person authorized to receive legal assistance from the military. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction in which it is presented.

	NS BY THESE PRESENTS: That I,	, currently residing at
Marine Corps Air Stat	tion Iwakuni, Japan, the parent of the following minor child(ren),	
of	, do hereby state that it is nec, do hereby state that it is nec (Name Of Agent). The said agent sh	cessary to leave said child(ren) in the care nall have my full permission and consent:
	TO GRANT ONE OR MORE OF THE FOLLOWING POW SIGN THE LINE IN FRONT OF EACH POWER YOU ARE GR TO WITHHOLD A POWER, DO NOT SIGN THE LINE IN FRO YOU MAY, BUT NEED NOT, CROSS OUT EACH POWER W	RANTING. NT OF IT.
	To give consent for emergency medical treatment as needed by sa reached immediately at the time of the emergency. The determination by my agent. To authorize all necessary medical treatment, inclination child(ren) while within the care of said agent.	on of the need for such care may be made
	My agent is authorized to take any and all other necessary actions welfare of said child(ren), including the taking of all steps necessary signing of all documents in connection with the care, maintenance, no of said child(ren).	for enrollment in a public school and the
	To perform any and all parental acts, as fully to all intents and puresent, to include but not limited to discipline, maintenance, superv school, sports or other activities, and to consent to any and all mappropriate for the general health and welfare of said child(ren).	ision, arbitration of disputes, enrollment in
	To act as guardian for the custody and control of said child(ren), a which my agent deems necessary or proper for the care, maintenance	
	To act for me and in my name, place, and stead in all particulars for obtaining food, shelter, clothing, education, and medical care for said of	

Said guardian shall not be required to post bond or any security for the faithful performance of duties.

Said guardian shall be the guardian or administrator of the estate of said child(ren), or of any assets which said child(ren) may acquire or inherit.

Said guardian further is authorized to consent to medical and dental care and treatment for said child(ren) in medical facilities of the United States Government or other facilities, or in a physician's office, including but not limited to inpatient or outpatient care, hospitalization, emergency treatment, ordinary treatment, surgery, anesthetics and any and all other medical or dental care or treatment that may be necessary or desirable for the well-being of said child(ren), as determined by said quardian.

GIVING AND GRANTING unto my guardian and attorney-in-fact full power and authority to do and perform every act, deed, matter, and thing necessary, desirable, or expedient to accomplish the foregoing specified purposes, including the execution of all documents, as fully to all intents and purposes as I might or could do if personally present.

I hereby ratify all that my attorney-in-fact lawfully shall do or cause to be done by this document.

I hereby give and grant unto my attorney-in-fact full power and authority to do and perform each and every act and matter concerning the subject of this document as fully and effectually to all intents and purposes as I could do legally if I were present.

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I hereby authorize my attorney-in-fact to indemnify and hold harmless any third party who accepts and acts under or in accordance with this power of attorney.

I intend for this power of attorney to become disabled, incapacitated, or incompetent		s power of attorney will continue to be effective if I	
This power of attorney shall become e power of attorney shall become null and void on	Unless sooner revoked or terminated by me, this (expiration date up to one year).		
IN WITNESS WHEREOF, I sign (today's da		Corps Air Station Iwakuni, Japan on	
Signature of Grantor			
	ACKNOWLEGEMENT		
With the Ui	nited States Armed Forces at MCAS	lwakuni, Japan	
the United States, or (b) a lawful dependent of a serving with, employed by, or accompanying the Zone, Puerto Rico, Guam, and the Virgin Islancknowledged that he or she executed the same	a person serving in or retired from the ne Armed Forces of the United States ands, and to be the person whose e. And the undersigned does further of ates having the general powers of a no	re the undersigned officer, personally appeared (a) serving in or retired from the Armed Forces of Armed Forces of the United States, or (c) a person is outside the United States and outside the Canal name is subscribed to the within instrument and certify that he or she is at the date of this certificate of other public under the provisions of Section 936 or	
AUTHORIZED TO ACT AS A NOTARY PUBLIC UNDER THE PROVISIONS OF SECTION 1044a OF TITLE 10 OF THE UNITED STATES NO SEAL REQUIRED BY LAW.	Signature of Notary  Name of Notary: Grade and Branch of Service: Command or Organization:		