

LIMITED POWER OF ATTORNEY

In accordance with the Illinois Powers of Attorney For Health Care Law

{Illinois Compiled Statutes, Chapter 755, Section 45/4-3}

KNOW ALL MEN BY THESE PRESENTS that I/we, _____, residing at _____, County of _____, have made, constituted and appointed, and by these presents do make, constitute and appoint _____, or if unavailable, _____, to act as our AGENT in our name, place and stead and to specifically do and perform the following acts and to have the following powers, relating to our minor child, _____, birthdate of _____, for the period beginning _____ and ending _____, and while our minor child is participating at the WW2 HRS Event located in _____:

All powers a parent may have to control and or to consent to health care for a minor child {in accordance with the provisions of Illinois Compiled Statutes, Chapter 755, Section 5/4-5}, specifically including, but in no way limited to do all things necessary and proper for the care, custody, and control of our child, namely _____, residing at the family residence, including providing food, clothing, education, and medical, dental and hospital care, as the said agent deems necessary in the agent's reasonable discretion; to do and perform all and every act and thing whatsoever, requisite and necessary to be done in and about our residence, as fully, as all intents and purposes as we might or could do if personally present at the doing thereof, hereby ratifying and confirming all that our said agent shall lawfully do or cause to be done by virtue hereof. Our child is covered under a group health insurance policy:

- Name of Insured:
Name of Company:
Name of Insurance Company:
ID No.:
Group No.:
Insured's Birthdate:

The following are specimen signatures of our attorney(s)-in-fact:

Agent No. 1 _____ Agent No. 2 _____

We certify to the correctness of the signature of our agent and successor agent and we execute this Power of Attorney on this _____ day of _____, 20_____.

Name of Parent _____ Name of Parent _____

We certify that the foregoing Power of Attorney was on the date above written, signed and declared by _____ and _____ as their Power of Attorney, in our presence and we in their presence and in the presence of each other, have signed our names as witnesses thereto, believing them to be of sound mind and memory at the time of signing.

_____ residing at _____

_____ residing at _____

STATE OF ILLINOIS
COUNTY OF _____

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public