

COLORADO SPRINGS SCHOOL DISTRICT 11 SPECIAL MEDICAL POWER OF ATTORNEY

**CIVA CHARTER SCHOOL
4635 Northpark Dr
Colorado Springs, CO 80918
719.633.1306**

SPECIAL POWER OF ATTORNEY AUTHORIZING COLORADO SPRINGS SCHOOL DISTRICT #11 EMPLOYEES TO PROVIDE OR DIRECT EMERGENCY MEDICAL CARE TO STUDENTS PARTICIPATING IN THE FOLLOWING ACTIVITY.

Know all men by these presents, that I, _____, (Address) _____,

(Home Phone #) _____ (Emergency Phone #) _____, desire to

execute a SPECIAL POWER OF ATTORNEY have made and constituted and appointed, and by these presents do make, constitute and appoint employees of Colorado Springs District #11 in attendance at the following activities and acting in a supervisory capacity as my Attorney-in-Fact as follows GIVING AND GRANTING unto my said attorney full power to authorize, provide or direct emergency medical care to be given to my son or daughter: _____

age _____, (a student at) **CIVA Charter School**, while participating in the following activities: **OLE Fall at Crooked Creek, Fraser, Colorado, Sep 14, 2021 – Sep 16, 2021** to include but not limited to emergency major or minor surgery which is deemed necessary by a duly licensed physician selected by my Attorney-in-Fact for the health and well being of my above named child(ren). I affirm that I have provided the employees of the above named school who will be present at the activities in a supervisory role with specific information regarding any special medical conditions concerning my above named child(ren) which could affect the emergency medical care herein authorized, including but not limited to medications to which he/she may be allergic or sensitive, animal or insect bites/venom to which he/she may be allergic or sensitive; food products to which he/she may be allergic or sensitive; and any other conditions which could affect the health and/or emergency medical care herein authorized for my above mentioned child(ren).

Further, I do authorize the above employees to dispense prescription and/or "over the counter" medication identified herein and provided by myself and prescribed by a licensed physician as specifically designated by myself and such physician.

Further, I do authorize my aforesaid Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization(s) with the same validity as I could effect if personally present. Any act or thing lawfully done hereunder by my said attorney shall be binding on myself and my heirs, legal and personal representatives and assigns.

Provided, however, that all business transacted hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said attorney for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said attorney and the designation "Attorney-in-Fact."

Further, unless sooner revoked or terminated by me in writing, this special Power of Attorney shall become NULL AND VOID from and after the above noted date indicating that the above activities have been concluded.

Custodial Parent or Legal Guardian
(Sign **ONLY** in front of a notary public.)

STATE OF COLORADO)
COUNTY OF EL PASO)

Subscribed and sworn to this _____ day of _____ 2021, by _____, in the County of El Paso, State of Colorado.

WITNESS my hand and official seal.

SEAL

Notary Public My Commission Expires _____