

MEDICAL CARE POWER OF ATTORNEY (MINOR) – SCC MISSION TRIP

KNOW ALL MEN BY THESE PRESENTS, that I hereby constitute and appoint Reid Milliken
and Tiffany Cassell, individually, as my true and lawful attorneys-in-fact and agents, with full power and
authority to do in my name and on my behalf any and all acts which I might do if personally present and acting on my
behalf in order to provide for the complete medical care of my child named below, as if I were acting for my child (“the
purpose”), including, but without limiting the generality of the foregoing, to enter into contracts or authorizations of any
kind of description whatsoever, and to exercise any right, option or election which I may have authority to make to
effectuate the aforesaid purpose.

This Power of Attorney shall be effective as of March 30, 2017, and shall remain in effect until
April 11, 2017, unless revoked in writing prior writing to that time. No person acting in reliance upon this
power shall be charged with notice of any revocation hereof in the absence of actual knowledge of such revocation.

It is my intention to grant to my attorneys-in-fact full and complete authority to act for me and in my stead in all
matters relating to the purpose. In no event shall persons relying on this Power of Attorney be required to ascertain the
authority of my attorneys-in-fact to act hereunder, and all persons dealing with said attorneys-in-fact shall be entitled, in
the absence of actual knowledge of revocation, to rely upon the authority of such persons, and the acts of such persons
shall bind me and acquit persons dealing with my said attorneys-in-fact to the same extent as if I had been acting in my
own behalf.

IN TESTIMONY WHEREOF, witness my signature this ____ day of _____, 20__.

Print Name of Minor Child: _____

Signature of Parent or Guardian: _____

Print Name of Parent or Guardian: _____

STATE OF _____)
) SS
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by
_____.

My commission expires: _____

seal _____
NOTARY PUBLIC

THIS INSTRUMENT PREPARED BY:

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