LIMITED POWER OF ATTORNEY FOR CHILD AND MEDICAL CARE, ACCESS TO EDUCATIONAL RECORDS, AND AUTHORITY TO MAKE EDUCATION DECISIONS

Principal / Parent

Name: _____

Date of Birth: _____

ID Type: _____

ID Number: _____

Principal / Parent

Name: _____

Date of Birth: _____

ID Type: _____

ID Number: _____

Child

Name: _____

Date of Birth: _____

SSN: _____

Passport Number: _____

Attorney-in-Fact

Name: _____

Date of Birth: _____

Address: _____

I/We, _____ and _____, presently residing at _____, as the parent(s)and/or custodian(s) of _____, hereinafter referred to as the **child**, hereby delegate to _____, hereinafter referred to as my/our **Attorney-in-Fact**, the authority to act in my/our place and stead with respect to each of the following powers pursuant to Ohio Revised Code Chapter 1337:

1. To consent to any necessary medical treatment, surgery, medication, therapy, hospitalization or other such care of or for the child;
2. To employ, retain or discharge any person who may care for, counsel, treat or in any manner assist the child;
3. To receive Protected Health Information under the Health Insurance Portability and Accountability Act (HIPAA) about my/our child, including release of records;
4. To obtain copies of my/our child's educational records kept in any of my/our child's educational files. I/we waive and release educational institutions from any restrictions imposed by law in disclosing or revealing any educational record, including, but not limited to, the Family Educational Rights and Privacy Act, 20 U.S.C. 1232g and Ohio Revised Code Section 3319.321;
5. To participate in any educational decisions about my/our child as if the designated Attorney-in-Fact herein was a parent or guardian of the child. I/we waive and release educational institutions from any restrictions imposed by law in determining who may make educational decisions for my/our child, including, but not limited to, the Family Educational

Rights and Privacy Act, 20 U.S.C. 1232g and Ohio Revised Code Chapter 3319;

6. To drop off or pick up my/our child from school or approve travel that is part of my/our child's education. I/we waive and release educational institutions from any restrictions imposed by law in determining who may pick up or drop off my/our child at school or approve travel for educational activities;
7. To exercise the same parental rights I/we may exercise with respect to the care, custody and control of the child and the discretion to exercise the same rights in my/our Attorney-in-Fact's home or any other place selected by my/our Attorney-in-Fact in his/her discretion;
8. To authorize and consent to travel with child to and from the United States of America, and within _____; and,
9. To perform all other acts necessary, or incidental to the execution of the powers enumerated herein.

I/We also recommend and consent to the appointment by the Juvenile Court of my Attorney-in-Fact as legal custodian in the event that I/we are out-of-state for 30 days or more.

Any lawful act performed by my/our agent shall be binding upon myself/ourselves, my/our heirs, beneficiaries, personal representatives and assigns. I/We reserve the right to amend or revoke this Limited Power of Attorney at any time hereafter; provided, however, any institution or other party dealing with my agent may rely upon this Limited Power of Attorney until receipt by it of a duly executed copy of my/our revocation thereof.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Limited Power of Attorney. This Limited Power of Attorney shall not be affected by any legal incapacity during my/our lifetime, except as provided by statute.

This Limited Power of Attorney shall remain in effect from the date of signing and terminate upon a subsequent written revocation or on _____, whichever shall occur first.

Dated: _____

Signature(s): _____ _____

STATE OF OHIO)

COUNTY OF _____)

On this _____ day of _____, 20____, before me, a Notary Public in and for said County and State, personally came _____ and acknowledged the signing of the foregoing instrument, and that the same is his/her/their voluntary act and deed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed my notarial seal on the day and year first above written.

_____ _____

Notary Public (SEAL) My Commission Expires: