

**DPS - Durable Power of Attorney for Medical Care for Off Campus Trip**

I/We, \_\_\_\_\_ (parent(s) or legal guardian(s)) residing at: \_\_\_\_\_ appoint **Coach Maryrose Kohan and the assistant coaching staff** whose address is **c/o George Washington High School – 655 S Monaco Pkwy, Denver, CO 80224** as my/our Attorney-in-Fact and grant unto my/our Attorney-in-Fact the power and authority to authorize and/or consent to emergency medical and surgical treatment in a licensed hospital by a duly- licensed physician for the health and well-being of my/our child \_\_\_\_\_ (child’s full name), should my/our child’s condition require it in my/our absence.

I/We understand that in such a case, my/our Attorney-in-Fact will make reasonable attempts to contact me/us before authorizing and/or consenting to emergency medical and surgical treatment, time and conditions permitting.

As long as the medical or surgical treatment considered necessary in the situation by my/our Attorney-in-Fact is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I/we impose no specific prohibitions regarding treatment unless stated specifically here below (if none, so state).

I/We authorize my/our Attorney-in-Fact to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I/we could effect if personally present. Any act or thing lawfully done hereunder by my/our Attorney-in-Fact shall be binding upon me/us and my/our heirs, legal and personal representatives, and assigns. I/We hold my/our Attorney- in-Fact harmless against any and all claims for following this Durable Power of Attorney for Medical Care for Off Campus Trip (“Power of Attorney”).

All business, care, or treatment authorized, consented to, or transacted hereunder for me/us for my/our account shall be authorized, consented to, or transacted in my/our name, and that all endorsements and instruments executed by my/our Attorney-in-Fact for the purpose of carrying out the foregoing powers, shall contain my/our name, followed by that of my/our Attorney-in-Fact with the designation “Attorney-in-Fact.”

My/Our Attorney-in-Fact will incur no personal financial liability for acting in accordance with this Power of Attorney. The Attorney-in-Fact shall not be entitled to compensation for services performed under this Power of Attorney, but the Attorney- in-Fact shall be entitled to reimbursement for all reasonable expenses incurred as a result of carrying out the provisions set forth in this Power of Attorney.

This Power of Attorney is intended to be valid in any jurisdiction, whether domestic or international, in which it is presented. The provisions of this Power of Attorney are separable, so that the invalidity of one or more provisions shall not affect any others. A copy of this Power of Attorney shall be as valid as the original.

This Power of Attorney shall be effective as of: **August 20<sup>th</sup> 2024**, and shall become null and void no later than **June 30<sup>th</sup> 2025**, unless sooner revoked or terminated by me/us.

**BOTH PARENTS AND/OR LEGAL GUARDIANS OF THE AFOREMENTIONED CHILD MUST SIGN, IF APPLICABLE.**

**NOTE: In the event only one parent/guardian signs this agreement, the undersigned represents that this document shall be binding upon all parents/guardians.**

Signature of Parent and/or Legal Guardian \_\_\_\_\_  
Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, in the State of Colorado, County of Denver. (Print Parent Name)  
Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Signature of Parent and/or Legal Guardian \_\_\_\_\_  
Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, in the State of Colorado, County of Denver. (Print Parent Name)  
Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_