

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, pursuant to KRS 403.353 and KRS 403.352, that I, _____, the undersigned, presently residing at _____

_____ Kentucky, do hereby make, constitute, designate and appoint _____, now residing at _____

_____ Kentucky, with Home Phone number of _____ and Cell Phone number of _____ (hereinafter referred to as "Attorney-in-Fact"), my true and lawful Attorney-in-Fact for me and in my name, place and stead, and on my behalf, and for my use and benefit, to exercise the powers given herein. The Attorney-in-Fact ___ is/___ is not a _____, grandparent, aunt _____ uncle, or _____ adult sibling of the child. If the law requires, a criminal history and child abuse and neglect background check for the Attorney-in-Fact is attached to this document.

1. I certify that I am the parent or legal guardian of:

(Full name of minor child) (DOB)

(Full name of minor child) (DOB)

(Full name of minor child) (DOB)

(Full name of minor child) (DOB)

2. I delegate to the Attorney-in-Fact all of my power and authority regarding the care, custody and property of each minor child named above, including but not limited to:
 - A. making school-related decisions, enrolling the child in school, inspecting and obtaining copies of all education records and other records concerning the child, attending school activities and other functions concerning the child, giving or withholding any consent or waiver with respect to school activities;
 - B. consenting to medical treatment for the child, including but not limited to any medical, chiropractic, optometric, or dental examination, diagnostic procedure or treatment, developmental screening, mental health screening and treatment, preventive care, pharmacy services, immunizations (required by law or recommended by the Federal Centers for Disease Control and Prevention's Advisory Committee on immunization practices), well-child care and blood testing, except that "medical treatment" shall not include HIV/AIDS testing, controlled substance testing, or any other testing for which a separate court order or informed consent is required under other applicable law;
 - C. making provision for travel by the child within the United States and between the United States and my home country of _____, including obtaining required travel documents, arranging travel schedules and means of travel, providing required authorizations, provided that any travel by the child outside the United States shall be in accordance with my written instructions;
 - D. taking temporary physical and legal custody and care of the child, until such time as I request in writing that care and custody be returned to me.

3. I grant to said Attorney-in-Fact full power and authority to do, take, and perform all and every act and thing whatsoever requisite, proper or necessary to be done, in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present and not under disability, with full power of substitution or revocation, hereby ratifying and onfirming

all that said Attorney-in-Fact, or their substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted, except that this delegation shall not include the power or authority to consent to marriage or adoption of the child, consent for an abortion or inducement of an abortion to be performed on or for the child or the termination of my parental rights.

4. This Power of Attorney is effective for a period not to exceed one (1) year, beginning on the date executed. I reserve the right to revoke or withdraw this Power of Attorney at any time in writing.
5. This Power of Attorney shall not be affected by the subsequent disability or incapacity of the Parent.
6. Persons dealing with my Attorney-in-Fact from time to time need not look to the application of moneys or other considerations passing to my/our Attorney-in- Fact. No Attorney-in-Fact shall incur any liability to me for acting or refraining from acting hereunder.
7. TO INDUCE ANY THIRD PARTY TO ACT HEREUNDER, I HEREBY AGREE THAT ANY THIRD PARTY RECEIVING A DULY EXECUTED COPY OF FACSIMILE OF THIS INSTRUMENT MAY ACT HEREUNDER, AND THAT REVOCATION OR TERMINATION HEREOF SHALL BE INEFFECTIVE AS TO SUCH THIRD PARTY UNLESS AND UNTIL ACTUAL NOTICE OR KNOWLEDGE OF SUCH REVOCATION OR TERMINATION SHALL HAVE BEEN RECEIVED BY SUCH THIRD PARTY, AND I FOR MYSELF AND FOR MY HEIRS, EXECUTORS, LEGAL REPRESENTATIVES AND ASSIGNS, HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS ANY SUCH THIRD PARTY FROM AND AGAINST ANY AND ALL CLAIMS THAT MAY ARISE AGAINST SUCH THIRD PARTY BY REASON OF SUCH THIRD PARTY HAVING RELIED ON THE PROVISIONS OF THIS INSTRUMENT.

8. I hereby accept my designation as Attorney-in-fact for the minor child(ren) specified in this Power of Attorney.

Parent

Attorney-in-Fact

STATE OF KENTUCKY
COUNTY OF _____

Before me this _____ day of _____ personally appeared _____ (Parent) and _____ (Attorney-in-Fact) , known to me to be the persons who executed the same as his/her free and voluntary act and deed for the uses and purposes set forth in the instrument.

IN WITNESS WHEREOF, I hereto set my hand and official seal.

NOTARY PUBLIC

My commission expires: _____