

This is a Military Power of Attorney Prepared and Executed Pursuant to Title IO, United States Code Section 1044b by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form substance, formality or recording that is prescribed for powers of attorney by the laws of any State, Commonwealth, Territory, District or Possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effects as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented.

### SPECIAL POWER OF ATTORNEY

KNOW ALL PERSONS, that I, \_\_\_\_\_ a legal resident of \_\_\_\_\_ (STATE)

and presently stationed or residing at \_\_\_\_\_ do hereby appoint

Hickam Hurricane Swim Team Coaches whose address is Hickam Air Force Base Pool # 1  
my Attorney-in-fact, to act as follows, GRANTING unto my said Attorney full power to: **AUTHORIZE AND EXECUTE CONSENT FOR ANY AND ALL MEDICAL, DENTAL, AND HOSPITAL, CARE AND TREATMENT, INCLUDING MAJOR SURGERY, DEEMED NECESSARY BY A DULY LICENSED PHYSICIAN OR DENTIST, SELECTED BY MY ATTORNEY-IN-FACT FOR THE HEALTH AND WELLBEING OF MY CHILD(REN):**

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

All business transacted by means of this power shall be transacted in my name, and all endorsements and instruments executed by my said attorney shall contain my name, followed by that of my said attorney, and the designation "Attorney-in-Fact."

**TERMINATION:** Unless sooner revoked or terminated by me, this Special Power of Attorney shall become NULL and VOID from and after \_\_\_\_\_, 20\_\_\_\_.

**Other:** Notwithstanding, my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been carried in a military status of "missing," "missing-in-action," or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty (60) days after I have returned to United States military control following termination of such status. This power of attorney shall not be affected by the disability of the principal.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(GRANTOR'S SIGNATURE)

STATE OF HAWAII  
COUNTY OF HONOLULU

\_\_\_\_\_  
(local address)

I \_\_\_\_\_, a \_\_\_\_\_ do hereby certify that on

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_ who signed executed the foregoing instrument. In witness whereof, I have hereunto set my hand and official seal this day and year above.

\_\_\_\_\_  
**My Commission Expires:**