

NETA ADDENDUM A

“ADULT AUTHORIZATION FORM”
STATUTORY DURABLE POWER OF ATTORNEY
FOR AUTHORIZATION TO CARE FOR MINOR CHILDREN

Know all persons by these presents, which are intended to constitute a GENERAL POWER OF ATTORNEY:

That I, _____, of _____
(insert name and address of the Parent/Guardian)

do hereby appoint _____, of _____
(insert name and address of the Authorized Adult, or each Authorized Adult, if more than one is designated)

my attorney(s)-in-fact TO ACT

FIRST, in my name, place and stead in any way which I myself could do, if I were personally present, with respect to the control, well being and authorizing health/medical care for my child/children who is/are __, presently of _____, and _____, presently of _____ for the following period of time: _____ to _____

SECOND, I hereby ratify and confirm all that said attorney/authorized adult does or causes to be done for the care of my minor child.

THIRD, this Power of Attorney shall not be affected by my subsequent disability or incompetence.

FOURTH, I hereby agree that any third party/authorized adult receiving a copy or facsimile of this executed instrument may act in reliance thereon and that revocation or termination of this power of attorney shall be ineffective as to such third party/authorized adult unless and until actual notice or knowledge thereof shall have been received by such third party/authorized adult, and I, for myself and my heirs, assigns and legal representatives, hereby agree to indemnify and hold harmless any such third party/authorized adult from and against any and all claims that may arise against such third party/authorized adult by reason of reliance on such copy of this instrument.

IN WITNESS WHEREOF, I have hereunto signed my name and affixed my seal this _____ day of _____, 2013.

Signed, sealed and delivered in presence of: (2 witnesses to sign)

_____, **Parent/Guardian**

STATE OF _____)
COUNTY OF _____) signed and sealed at _____,
_____, 2013

Subscribed and sworn to me this _____ day of _____, 2013, by the
Parent/Guardian, _____.

Notary Public
My commission expires:

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