



MEDICAL POWER OF ATTORNEY

1730 North Market Street
Frederick, MD 21701
(301) 695-9320

From: _____ To: Representative of The Banner School
Full Name (s) of Parent(s) or Guardian(s)

I (We): _____ of _____
Full Name (s) of Parent(s) or Guardian(s) Residential Address in full

Do hereby appoint Representative of the Banner School our true and lawful attorney in fact, with full power in loco parentis, to decide upon and consent to the rendering of any medical diagnosis and treatment, including surgery, which he/she deems in the best interest of the health and welfare of our child: _____.
Child's Name

In case of accident or serious illness, I request that the School Representative contact me. If the School Representative is unable to reach me, I hereby authorize the Representative to contact the physician indicated on the Emergency Information Card held in the school office or to make any arrangements deemed necessary pursuant to the terms of the above Medical Power of Attorney.

We understand and agree that The Banner School, its employees, volunteers, and agents shall use every reasonable effort to provide for the safety and well being of our child while attending The Banner School; however, The Banner School shall not assume liability for any death, personal injury or loss, expense or damage to any person or property unless it is due to the negligence of The Banner School, its employees, volunteers or agents.

Executed this _____ day of _____.

Signature of Witness

Signature of Parent or Guardian

Signature of Witness

Signature of Parent or Guardian

This Medical Power of Attorney must be on file before the start of the first day of school.