



LIMITED POWER OF ATTORNEY

www.randolphramscheerleading.org

CHEERLEADER INFORMATION

Cheerleader's Last Name: _____ First Name: _____

Date of Birth: _____ Grade: _____ Home Phone: _____

Address: _____ Parent's Cell Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

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In a medical emergency 9-1-1 will be called.

The parents/lawful guardians of the above named child, minor, have appointed the member of the RHS Cheerleading Booster Club, Inc. – Junior RAMS Division who is in possession of this document, as my/our lawful attorney/agent to act on my/our behalf to

- admit my/our minor child to the medical facility of their choice;
- authorize the administration of such medical treatment as a licensed physician deems necessary and advisable under the circumstances; and
- make all decisions to administer drugs, operate and all other steps deemed medically necessary.

Further, I give my said attorney/agent or his/her substitute full power and authority to do everything necessary to be done, or in the event these persons cannot be contacted, the emergency physician on duty at the hospital of the Power of Attorney's choice, to provide emergency treatment to our child.

This consent form and limited power of attorney is to be effective only after reasonable efforts have been made to contact and obtain my/our specific consent to any emergency treatment. This consent is also to be used in conjunction with the Medical Center's procedure for documented Administrative Authorizations.

- By checking this box, I certify that I am the parent or guardian of the above-referenced participant, that I am at least 18 years of age, acknowledge that I have read the legal disclosures, and give my limited power of attorney to the RHS Cheerleading Booster Club, Inc. – Junior RAMS Division attorney/agent or his/her substitute. I am representing and agreeing that I accept all terms and conditions by my signature below.

Signature of Parent/Guardian _____ Date of Birth: _____

THIS POWER OF ATTORNEY SHALL BE EFFECTIVE ONE YEAR FROM DATE OF EXECUTION AND IS LIMITED TO USE ONLY THROUGHOUT THE PARTICIPATING SPORT SEASON

Any and all copies of this Limited Power of Attorney have the same force and effect as the original

Please do not hand to the coach