

DURABLE POWER OF ATTORNEY  
For Troop 59, Boy Scouts of America

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_, while on Scouting activities sponsored by the Boy Scouts of America Troop 59 of the First Presbyterian Church of Lawrence, Kansas, for the period January 1, 2010 to December 31, 2010, have made, constituted and appointed and by these presents do make and appoint Mark Stogsdill, Scoutmaster of Troop 59, or his designee/s, my true and lawful attorney in fact, for me and in my name, place, and stead to perform the following acts:

1. To sign all medical releases necessary for my proper medical care and attention and to amend and/or sign any required health form in situations that require such a form and/or to make amendment/s thereto including specifically those required by any long term summer camp and/or Boy Scout High Adventure camping programs,
2. To incur any and all expenses necessary for my proper medical care and attention and for which I accept all financial responsibility,
3. To grant CONSENT FOR TREATMENT to the physician and whomever he/she may designate as his/her assistant(s)/associate(s) to administer such treatment as is necessary, and to perform any medical care or procedures as are considered therapeutically necessary based on findings during examination or treatment.
4. To sign any AUTHORIZION TO RELEASE INFORMATION pertaining to the need for treatment arising from the incident while on a Boy Scout sponsored trip or event giving rise to the need for treatment. I hereby authorize the physician and and/or medical facility attending me to release any medical information pertaining to the examination, treatment, history, prescription of medications, and medical expenses for myself to my attorney-in-fact and to any physician, hospital, clinic, insurance company, and all other agencies deemed necessary in order to provide care and treatment for myself and to process insurance claims. This authorization also includes the release of any pertinent medical information to any specialist or other medical facility the physician may refer me, the patient, to for medical treatment or evaluation. My attorney-in-fact is also authorized to communicate such information to my spouse or family or as necessary, such other Troop 59 personnel as may be necessary to communicate with my spouse or family.
5. To transport me to and from Scouting events, or, prior to or following such events, to or from my residence or such other place as instructed by myself.

All of the above include, but are not limited to, all acts necessary to secure admittance to and treatment in a hospital or emergency room, residence in Boy Scout camps, and travel to and from Scouting events.

This Durable Power of Attorney shall continue in force upon my disability until I revoke it in writing or until it shall expire on December 31, 2010.

IN WITNESS WHEREOF, I have signed my name at Lawrence, Douglas County, Kansas this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Signature

Health Insurance Company \_\_\_\_\_  
Policy or Group Number \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
\_\_\_\_\_

STATE OF KANSAS        )  
                                  ) SS:  
COUNTY OF DOUGLAS )

BE IT REMEMBERED, that on this \_\_\_\_\_ day of \_\_\_\_\_, 2010 before me, the undersigned, a notary public in and for said county and state, came \_\_\_\_\_ personally known to me to be the same person who executed the foregoing instrument and duly acknowledged the execution of the same as his/her Durable Power of Attorney for the purposes therein described.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal on the day and year last mentioned above.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_