



LIMITED POWER OF ATTORNEY GRANTING PARENTAL RIGHTS

(Appendix 13)

I, _____, presently residing at _____

as the legal guardian of _____, hereinafter referred to as my child, hereby delegate to _____, with respect to each of the following powers:

1. To enroll or withdraw my child from any school or similar institution;
2. To consent to any necessary medical treatment, surgery, medication, therapy, hospitalization or other such care of or for my child;
3. To employ, retain or discharge any person who may care for, counsel, treat or in any manner assist my child;
4. To exercise the same parental rights I may exercise with respect to the care, custody or control of my child, and the discretion to exercise the same rights in my agent's home or any other place selected by my agent in his or her discretion; and
5. To perform all other acts necessary or incidental to the execution of the powers enumerated herein.

Any lawful act performed by my agent shall be binding upon myself, my heirs, beneficiaries, personal representatives and assigns. I reserve the right to amend or revoke this Limited Power of Attorney at any time provided; however, any institution or other party dealing with my agent may rely upon this Limited Power of Attorney until receipt by it or a duly executed copy of my revocation thereof.

Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Limited Power of Attorney. This Limited Power of Attorney shall not be affected by any legal incapacity during my lifetime, except as provided by statute. This Limited Power of Attorney shall terminate upon subsequent written revocation.

I am aware that anyone who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in Sections 775.082, 775.083 or 775.084, Florida Statutes.

Parent Signature

STATE OF FLORIDA
COUNTY OF CHARLOTTE

Before me, the undersigned authority, this _____ day of _____, year _____ personally appeared _____ who is personally known to me or who produced _____ as identification, who did/did not take an oath, and who acknowledged to and before me that (s)he executed the foregoing instrument for the purposes therein expressed.

(Seal)

NOTARY PUBLIC, Commission No _____
My Commission expires: _____