

DODDS-Europe
TRANSPORTATION CONSENT FORM AND
MEDICAL POWER OF ATTORNEY

I, _____, the parent or guardian of
(Name of parent/sponsor/guardian)

_____, grant permission for
(Name of Student)

this child or ward to accept transportation from DoDDS-E volunteers. In the event of any illness or injury to my said child during this transportation, if I am not available in the immediate area I authorize any treatment, including surgery, deemed necessary by a duly credentialed physician. I hereby grant this power of attorney to the volunteer providing the transportation for my child or ward. I recognize and agree that, in the event that a U.S. Government medical treatment facility is unavailable or inadequate to furnish such treatment, my said child may be treated in a civilian medical facility and that I may be responsible for the full cost of all medical care and treatment provided to this child. I agree to indemnify and hold harmless my aforementioned attorney in fact for the costs of any such medical care.

I know of no special medical problems that a treating practitioner should be aware of except those listed in the remarks section (including all known drug allergies). This power of attorney is effective until _____.

(Signature of parent/guardian)

(Date)

REMARKS:

CONSENTING INDIVIDUAL

PRINT NAME (Last, First & MI)

(SSN)

ADDRESS (Street, Bldg., Apt. No)

DUTY PHONE

ORGANIZATION and APO

HOME PHONE