

**KERRVILLE FOLK FESTIVAL
AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A CHILD**

THE STATE OF _____

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KNOW ALL BY THESE PRESENTS

COUNTY OF _____

I, _____, am the parent/legal guardian/
managing conservator of the following child:

Name: _____
Date of Birth: _____
Address: _____

I authorize the following person to make any and all health care decisions for my child,

Name: _____
Date of Birth: _____
Address: _____

except to the extent I state otherwise in this document. This Medical Power of Attorney takes effect immediately, and extends through the Kerrville Folk Festival and associated travel.

LIMITATIONS ON THE DECISION-MAKING AUTHORITY OF MY AGENT ARE AS FOLLOWS:

DURATION:

I understand that this Power of Attorney exists indefinitely from the date I sign this document unless I establish a shorter time or revoke the Power of Attorney.

This Power of Attorney ends on the following date: _____

Date: _____
Print Name:

SUBSCRIBED AND SWORN TO BEFORE ME by the said _____
_____, Principal, and by the said _____ and
_____, Witnesses, on this the ____ day of _____, 20____.

Notary Public, State of Texas