4080 Roselea Place, Columbus, Ohio 43214, 614-267-2502; Fax: 614-267-1677; ohsaa.org

SPECIAL MILITARY POWER OF ATTORNEY

For use by the member schools of the Ohio High School Athletic Association

Bylaw 4-6-3, ex. 8 – Parents out of state

THIS IS A MILITARY POWER OF ATTORNEY PREPARED AND EXECUTED PURSUANT TO TITLE 10, UNITED STATES CODE, SECTION 1044B, BY A PERSON AUTHORIZED TO RECEIVE LEGAL ASSISTANCE FROM THE MILITARY SERVICES. FEDERAL LAW EXEMPTS A MILITARY POWER OF ATTORNEY FROM ANY REQUIREMENT OF FORM, SUBSTANCE, FORMALITY OR RECORDING THAT IS PROVIDED FOR POWERS OF ATTORNEY BY THE LAW OF ANY STATE, COMMONWEALTH, TERRITORY, DISTRICT, OR POSSESSION OF THE UNITED STATES. FEDERAL LAW SPECIFIES THAT A MILITARY POWER OF ATTORNEY SHALL BE GIVEN THE SAME LEGAL EFFECT AS A POWER OF ATTORNEY PREPARED AND EXECUTED IN ACCORDANCE WITH THE LAWS OF THE JURISDICTION WHERE IT IS PRESENTED.

KNOW ALL PERSONS, that I, _____, a legal resident of _____ and presently residing at _____, _____ desiring to execute a SPECIAL POWER OF ATTORNEY, do hereby appoint_____ _____my _____ whose address is _____, OHIO, _____, as my Attorney-in-Fact to act as follows, GRANTING unto my said Attorney full power to:

Take temporary custody of my children and maintain and care for my children in my absence for any reason and exercise all legal rights in connection with the maintenance and care of said children, to the same extent as I could until such time as I can return and resume my normal parental duties. Also, authorize and execute consent for any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician selected by my Attorney-in-Fact for the health and well-being of my children. This power applies to the following children:

Name of Student	Date of Birth	High School Attending
_____	_____	_____
_____	_____	_____

TERMINATION: This Power of Attorney shall become null and void the ____day of ____, 20___ unless I should become incapacitated; in that case, it shall remain in effect until revoked by me.

Notwithstanding my insertion of a specific expiration date herein, if on the above specified expiration date I shall be, or have been, carried in a military status of "missing," "missing-in-action," or "prisoner of war," then this power of attorney shall automatically remain valid and in full effect until sixty(60) days after I have returned to United States Military control following termination of such status.

IN WITNESS WHEREOF, I have hereunto set my hand this the _____ day of _____, 20____.

_____

PARENT'S NAME

With the Armed Forces at _____, USA

On this ____day of ____ 20___, I, an officer, authorized the general powers of a Notary Public under the provisions of Title 10, United States Code, Section 1044a, certify that the person whose name is signed to this instrument is within the class defined by Title 10, United States Code, Section 1044, did personally appear before me and, after the contents of this instrument had been read and explained, did sign this instrument and acknowledge doing so freely and voluntarily for the uses, purposes, and considerations set forth above.

_____

NOTARY PUBLIC'S NAME, RANK, MILITARY BRANCH