SPECIAL POWER OF ATTORNEY
to
AUTHORIZE MEDICAL CARE

DATA REQUIRED BY THE PRIVACY ACT 1974 (5 USC 552a)

1. AUTHORITY: Title 10, USC 3012 2. PRINCIPLE USE: Enables an individual to act on behalf of another.

3. ROUTINE USES: A Power of Attorney is used to designate an individual to act on behalf of the Grantor in the performance of specific act(s) described in the instrument.

4. DISCLOSURE: This information is voluntary and necessary for the proper preparation of the document and is used to offer a more complete indentification of the grantor.

KNOW ALL MEN BY THESE PRESENTS that on this date: _____

I, _____, SSN _____-_____-_____, now serving as a member or accompanying

the United States Armed Forces in Korea, do make, constitute and appoint:

____(**ANY MEMBER OF THE SEOUL AMERICAN HIGH SCHOOL COACHING STAFF)**_____ my true and lawful attorney-in-fact

from: _____ until _____ to act for me and in my name, place and stead for

the following purposes and for the these purposes only:

To authorize the performance of any and all medical, dental and hospital care and treatment including but not limited to, the administration of examinations, diagnostic tests and medications and the performance of surgery and any and all medical and dental care or treatment deemed necessary or desirable by the duly licensed physian for the health, and well being of my sais child(ren) as named herein below, and to execute all such consents, authorizations, forms, releases, and other papers as may be necessary in connection therewith.

Child(ren) Age

GIVING AND GRANTING unto my said attorney full power to do and perform every act, deed, matter and thing necessary, desirable or expedient to accomplish the foregoing specified purposes, and ratifying and confirming all acts necessary. desirable or expedient to accomplish any of the specifically enumerated purposes, lawfully done pursuant to the authority hereinabove conferred.

IN WITNESS WHEREOF, I have hereunto set my hand and seal on the day and date first above written.

_____
(Signature)

WITH THE UNITED STATES ARMED FORCES)
IN THE REPUBLIC OF KOREA) ACKNOWLEDGEMENT
)

Subscribed and acknowledged before the undersigned official by _____

this _____ day of _____, _____
(year)

_____
(Name, Rank, Branch, and SSN of Witnessing Official) (Affixed Seal)