



**Medical Power of Attorney for Amigos de las Américas – 18 and Older  
Required for Volunteers Aged 18 or Older**

In the event that there is a medical emergency that requires immediate treatment, and I am unable to give consent for treatment, this form will allow AMIGOS staff, working in conjunction with our consulting physicians and other physical, mental, or behavioral health professionals to authorize medical treatment.

For all participants 18 years of age or older, this form must be signed by the volunteer and be notarized.

I, \_\_\_\_\_,  
*Volunteer Name*

domiciled at \_\_\_\_\_  
*Address*

do hereby give permission to and appoint Amigos de las Américas (AMIGOS) staff as medical power of attorney during the time period \_\_\_\_\_ through \_\_\_\_\_  
*(One Day Prior to Travel Start Date) (Two Weeks Past Travel End Date)*

to make any and all necessary decisions about my medical treatment in the case of a medical emergency when I am not able to give consent for medical treatment. During the named time period and during a medical emergency when I am unable to give consent, AMIGOS staff shall have the right to choose and authorize medical treatment for me. As stated in the Consent and Release Agreement, I understand that AMIGOS may contact my parents/legal guardians in the case of a medical emergency. I fully agree to the Consent and Release Agreement previously signed.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Acknowledge before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by:

A notary public or other officer completing this certificate verifies only the identity of the individual who sign the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*(name and title of the officer)*

Personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Signature: \_\_\_\_\_

**(SEAL)**

My Commission Expires: \_\_\_\_\_