

\*\*\*Keep originals for use on day of travel. Scan a copy of both pages in one document and upload to your application dashboard.\*\*\*



## Power of Attorney and Parent Permission to Travel Form for Amigos de las Américas – Under 18

**Required of Volunteers under age 18 at time of signing. Form must be completed, signed, and notarized.**

### **Medical Power of Attorney**

Volunteers under the age of 18 for the duration of the Service Program: In the event that there is a medical emergency that requires immediate treatment and 1) there is insufficient time to get written or verbal authorization from a parent or guardian or 2) AMIGOS staff cannot reach a parent or guardian for authorization, 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. AMIGOS staff will make all reasonable efforts to notify parents or legal guardians about the medical emergency as soon as possible.

Volunteers who reach the age of majority before or during the Service Program: 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.

### **Power of Attorney for Liability Waivers**

Additionally, over the course of the AMIGOS Service Program, volunteers may participate in activities led by third party providers requiring signature on an additional waiver of liability. This form grants power of attorney to AMIGOS staff members to execute waivers of liability relative to certain activities including but limited to rafting, skiing, snowboarding, snowshoeing, cycling, rock climbing, fishing, hiking, camping, use of rental equipment, and the like.

### **Parent/Guardian Permission to Travel**

Many airlines require parental permission for minors to travel unaccompanied. Since age requirements vary among airlines, this form must be completed for any volunteer who is under 18 years of age at the time of departure, and the original signed form must accompany the volunteer while traveling. This form is as important as the volunteer's passport or I.D. and airline tickets on the day of travel.

I/We, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_,  
*Parent/Legal Guardian Parent/Legal Guardian (if applicable)*  
\_\_\_\_\_ domiciled at \_\_\_\_\_,  
*Volunteer Address(es)*

do hereby give permission to and appoint Amigos de las Américas (AMIGOS) staff as temporary guardian and

medical power of attorney for myself or my/our minor child \_\_\_\_\_  
*Volunteer Name*

during the time period \_\_\_\_\_ through \_\_\_\_\_ to make any and  
*(One Day Prior to Travel Start Date) (Two Weeks Past Travel End Date)*

all necessary decisions about my own or my/our child's medical treatment in the case of a medical emergency when I/we cannot be reached, there is insufficient time to reach me/us, or I, as the volunteer, am not able to give consent for medical treatment. During the named time period, AMIGOS staff shall have all of the rights of a parent in choosing and authorizing medical treatment for my/our minor child. As the volunteer, 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.



AMIGOS may also execute any and all waivers of liability relative to my/our child’s participation in the Service Program. During the named time period above, AMIGOS staff shall have all of the rights of a parent in executing any and all waivers of liability in relation to the Service Program. I/we agree to this Power of Attorney for the duration of my/our child’s participation with AMIGOS.

I further authorize my/our child to travel without me/us internationally and within the United States for the purpose of participating in the Amigos de las Américas program during the named time period above.

I/We understand my/our child may be traveling unsupervised by an adult.

For all volunteers under 18 years of age at the time of departure, this form must be notarized and signed by **both** custodial parents/legal guardians. If one parent is unable to sign, the form must be accompanied by a copy of a death certificate, divorce decree, or other legal document that verifies the signing parent is the sole custodial parent. Additionally, the Single Parent Affidavit form must also be completed. Guardianship papers should be attached when applicable. If both custodial parents are unable to sign the same form, each parent can submit a separate signed and notarized form.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Date Acknowledged before me on the \_\_\_\_\_ date of \_\_\_\_\_, 20\_\_\_\_, by:

\_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_  
*Parent/Legal Guardian Parent/Legal Guardian (if applicable) Volunteer*

A notary public or other officer completing this certificate verifies only the identity of the individuals who signed 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(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that the/she/they executed that same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) 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: \_\_\_\_\_