

Limited Power of Attorney for Emergency Medical Treatment

We (I) [Parents/Guardians Names] _____
of [city] _____, the County of Bay, the State of
Florida, do hereby jointly and severally appoint the designated corporate representative
of First Assembly of God Church, Inc., the County of Bay, the State of Florida, our true
and lawful attorney-in-fact for us and in our name, place, and stead and for our use
and benefit: The attorney shall have the special power to seek emergency medical
attention, **only during the duration of an excursion that takes place away from
the church property**, for our child, [child's name]
_____.

We further grant unto our attorney-in-fact full power and authority to do
everything necessary and proper to be done in the exercise of any of the foregoing
powers as fully as we might or could do if personally present, with full power of
substitution and revocation, hereby ratifying and confirming all that our attorney shall
lawfully do or cause to be done by virtue hereof.

This power of attorney shall become effective on January 1, 20__, and shall
terminate on December 31, 20__. Executed this _____ day of
_____, 20__.

Signature of Parent(s) or Guardian(s)

The County of Bay, the State of Florida on _____, 20__,
before me, _____, a Notary Public for the State of
Florida, personally appeared _____, known
to me or proved to me to be the persons whose names are subscribed to the within
power of attorney and acknowledged to me that they executed the same.

(Notary Public for the State of Florida)