

LIMITED POWER OF ATTORNEY
FOR CARE OF MINOR CHILD(REN)

KNOW ALL MEN BY THESE PRESENT:

That I _____, adult resident citizen(s) of _____ County
State of Florida, hereinafter "Natural Guardian(s)", residing at _____
_____, state the following:

1. Natural Guardian(s) is/are the parent(s) of the following Minor Child(ren):

| Name | Age | Date of Birth |
|-------------|------------|----------------------|
| _____ | _____ | _____ |

Known allergies:

| Name of Child | Known Allergies |
|----------------------|------------------------|
| _____ | _____ |

2. Natural Guardian(s) have made, constituted and appointed, and by these presents do make, constitute and appoint, _____

_____, as our/my true and lawful Attorney-in-Fact, hereinafter "Attorney-In-Fact", to act with the limited powers, as specified herein, in regard the Minor Children named above. As such, the Attorney-in-Fact shall be the Attorney-in-Fact for Natural Parent(s) and for said Minor Child(ren).

3. The Attorney-in-Fact named in paragraph three (3) shall have the following powers in regard to the supervision, health, education and general welfare of the Minor Child(ren) named in paragraph one (1), to wit:

(a) To act for and on behalf of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital, during all times that the Minor Child(ren) is/are in the presence of said Attorney-in-Fact. It is understood that this power is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid Attorney-in-Fact to

give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable; and

(b) To do and perform any and all acts necessary or required that a natural parent would perform in reference the education of said Minor Child. It is expressly the intent of the Natural Guardian that the Attorney-in-Fact is hereby given wide discretion in education matters and that all educational institutions shall recognize and follow the instructions of the Attorney-in-Fact in regard to the education of such Child; and

(c) To perform and provide discipline to said Child(ren) as if said Attorney-in-fact were the Natural Guardian of said Minor Child(ren); and

(d) To perform and act as Natural parent in reference to any and all legal matters necessary or desirable for the custody, care and education of said Minor Child(ren); and

(e) I do authorize my/our aforesaid Attorney-in-Fact to execute, acknowledge and deliver any instrument under seal or otherwise, and to do all things necessary to carry out the intent hereof, hereby granting unto said Attorney-in-Fact full power and authority to act in and concerning the premises as fully and effectually as the Natural Parent(s) may do if personally present, limited, however, to the purpose for which this limited power of attorney is executed. The Attorney-in-Fact may execute any and all such documents or other papers required for the Jr. Scuba Diver Certification by Scuba Lessons Inc., Tina O'Connell and NAUI, as Attorney-in-Fact for Ricardo Vaca, a Minor Child.

4. The Natural Parent(s) hereby releases the Attorney-in-Fact and the Agency, Instructor and Company Scuba Lessons Inc. from any and all liability and damages of any kind or character whatsoever for the performance of the duties herein provided in consideration for the Attorney-in-Fact's acceptance of the duties specified herein.

5. This Power of Attorney and the powers of the Attorney-in Fact shall begin on the 26 day of June 2012, unless sooner revoked in writing by the Natural Parent(s).

6. This Power of Attorney may be terminated or revoked by the Natural Parent(s), and if two, by any one of them, by delivery of a written Notice of Termination to the Attorney-in-Fact at any time.

7. Any person may rely upon the continued effectiveness of this Power of Attorney and the continued powers of the Attorney-in-Fact, unless or until such person has received actual notice of the termination of same.

8. Natural Parent(s) further declare that any act or thing lawfully done hereunder and within the powers herein stated by said Attorney-in-Fact shall be binding on the Natural Parent(s) and their heirs, legal and personal representatives and assigns.

IN WITNESS WHEREOF, I/We have hereunto set my/our hand and seal this the 26 day of June, 2012.

X _____

Signature of Legal Parent of Minor Child

Witnesses: Signature, Name and Address

Witnesses: Signature, Name and Address

STATE OF Florida

COUNTY OF _____

PERSONALLY came and appeared before me, the undersigned authority in and for the jurisdiction aforesaid, the within named _____, who acknowledged to me that she/he/they signed, executed and delivered the foregoing Power of Attorney on the day and year therein mentioned.

GIVEN under my hand and official seal of office, this the _____ day of _____, 20____ .

NOTARY PUBLIC

My Commission Expires:

Acceptance by Attorney-in-Fact

I, _____, hereby accept the duties, powers and responsibilities contained in the above and foregoing Power of Attorney.

DATED this the _____ day of _____, 20____ .

Signature

INFORMATION SHEET

Complete one for Each Child

Parent _____

Signed _____

Date: _____

Home Phone _____ Work Phone _____

Other phone number _____

Other Emergency Contact _____ Phone _____

Family Doctor _____ Phone _____

Insurance Co. _____ If None Please Check ()

Insurance Policy Name and # _____

Known Medical Conditions

Medications? _____

Allergies? _____

Last Tetanus Immunization? _____

Will You Allow Blood Transfusions? Yes () No ()

Other _____