



TEMPORARY DELEGATION OF POWER OF ATTORNEY
PURSUANT TO SECTION 475.024 RSMo.

Know All Men By These Presents:

That (I/We), _____ of _____ County, Missouri, have made, this power of attorney and have constituted and appointed, and by these presents do make, constitute and appoint the following person(s)

_____, our true and lawful attorney's in facts, for (me/us), and in our names, and on our behalf to care for our minor child or children as follows:

Childs Name	Age
_____	_____
_____	_____

for a period of time of the short term mission trip with Project H.O.P.E., Inc. to and from () the country of Nicaragua or () the country of Haiti, but not exceeding one (1) year from the date hereof, whichever is less, and for these purposes to consent to any such medical and surgical care as our above minor child(ren) may need and to exercise parental authority over them and provide for their care, safety, health, and welfare. With the same powers, and to all intents and purposes, and with the same validity as (I/we) could, if personally present, giving and granting upon our said attorney(s), and hereby (I/we) ratify and confirm whatsoever said attorneys shall and may do, by virtue hereof, in the premises.

This Power of Attorney may be voluntarily revoked at any time, in writing signed by the Parent.

Witness our hands and seals as of _____, 20__.

X _____
Parent (print) _____

X _____
Parent (print) _____

STATE OF MISSOURI)
)ss
COUNTY OF _____)

On _____, 20____, before me personally appeared _____, to me known to be the person(s) described in and who executed the foregoing Power of Attorney, and acknowledged that (he/she/they) executed the same as (his/her/their) free act and deed.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

My commission expires _____.

Notary Public