



SHORT-TERM TRIP
INTERNATIONAL POWER OF ATTORNEY

This International Power of Attorney is executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between \_\_\_\_\_ hereinafter referred to as "Grantor," and NORTHSIDE BAPTIST CHURCH and ANY AGENT ON ITS BEHALF, hereinafter referred to as "Attorney in Fact."

WITNESSETH:

WHEREAS, Grantor desires to confer authority on his/her Attorney in Fact to authorize medical decisions for the above referenced person on the trip for the purpose of tourism, evangelism, relief, development, and other related activities.

NOW THEREFORE, \_\_\_\_\_ Hereby confers on NORTHSIDE BAPTIST CHURCH and ANY AGENT ON ITS BEHALF full, absolute, and complete authority to make all decisions on behalf of himself/herself, age \_\_\_\_\_, with respect to medical treatment, hospitalization, emergency surgery, and any and all medical procedures to be performed on himself/herself during the time of the trip from St. Petersburg, Florida in the United States of America, traveling to and from \_\_\_\_\_ (name country) and returning to St. Petersburg, Florida.

Grantor hereby acknowledges that he/she is temporarily placing himself/herself in the custody of his/her Attorney in Fact and intend by this agreement to confer upon his/her Attorney in Fact full and complete authority concerning medical decisions for himself/herself. This authority includes, without limitation, the authority to contract for medical care with a hospital and to authorize any and all medical procedures to be performed on the participant which include, but are not limited to medical treatment, emergency surgery, hospitalization, and any and all medical procedures.

WITNESSES:

GRANTOR:

\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_

STATE OF FLORIDA
COUNTY OF PINELLAS:

BE IT KNOWN that on the this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public in and for the state of Florida, duly commissioned and sworn, personally came and appeared \_\_\_\_\_, to me personally known, and known to me to be the same person described in and who executed the within Power of Attorney to be freely and voluntarily executed for the purposes therein recited.

IN TESTIMONY WHEREOF, I hereunto subscribed my name and affixed my seal of office, the day and year last above written.

\_\_\_\_\_  
Notary Public

(SEAL)