

## Medical Care Power of Attorney (Minor)

KNOW ALL MEN BY THESE PRESENTS, that I, \_\_\_\_\_ of \_\_\_\_\_, Kansas, am the legal custodial parent of the following individual(s)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby constitute and appoint **Parker Muckenthaler of Overland Park, Kansas**, my true and lawful attorney-in-fact and agent with respect to said individual(s), with full power and authority to do in my name and on my behalf any and all acts which I might do if personally present and acting on my behalf in order to provide for the complete medical, surgical, and dental care of any and all types for said individual(s) in my place and stead. Parker Muckenthaler, my attorney-in-fact may exercise any and all other rights and powers Parker deems necessary to carry out the purposes of the above designated rights and powers.

If for whatever reason, Parker Muckenthaler is unavailable to make such decisions, then **Robin Manring of Olathe, Kansas**, shall be automatically vested with the entire decision making powers Parker Muckenthaler had. If for whatever reason, both Parker Muckenthaler and Robin Manring are unavailable to make such decisions, then **Blake Barnhart of Lee's Summit, Missouri**, shall be automatically vested with the entire decision making powers Parker Muckenthaler and Robin Manring had.

This Power of Attorney shall be effective as of **June 24, 2023** and shall remain in effect until **July 2, 2023**, unless revoked in writing signed by me, the undersigned, prior to that time. No person acting in reliance upon this power shall be charged with notice of any revocation hereof in the absence of the above signed writing or actual knowledge of such revocation.

It is my intention to grant to my attorney-in-fact full and complete authority to act for me and in my stead in all matters relating to the above purpose. In no event shall persons relying on this Power of Attorney be required to ascertain the authority of my attorney-in-fact to act hereunder, and all persons dealing with said attorney-in-fact shall be entitled, in the absence of actual knowledge of revocation, to rely upon the authority of such person, and the acts of such person shall bind me and acquit persons dealing with my said attorney-in-fact to the same extent as if I had been acting in my own behalf.

IN TESTIMONY WHEREOF, witness my signature this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) SS  
COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public, in and for the state and county aforesaid, appeared \_\_\_\_\_, personally known to me, and on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, executed the foregoing Power of Attorney and acknowledged the same to be his or her act and deed.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC