



# KAMEHAMEHA SCHOOLS

## POWER OF ATTORNEY

### DELEGATING PARENTAL AUTHORITY PURSUANT TO H.R.S. § 560:5-105

KNOW ALL PERSONS BY THESE PRESENTS, that I, \_\_\_\_\_  
[full name] of \_\_\_\_\_ [city], Hawai'i, parent or legal guardian of the  
minor child[ren] named below for whom this power of attorney applies:

<u>NAME</u>	<u>BIRTHDATE</u>	<u>SSN</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

hereby authorize and appoint \_\_\_\_\_ [full name], whose address is \_\_\_\_\_  
\_\_\_\_\_ and telephone number is \_\_\_\_\_, as my  
Attorney-in-Fact ("**Attorney**") for me with full authority to act in my place as follows:

1. To transact any and all business and perform any and every act as the Attorney shall reasonably deem to be appropriate to provide for the care, custody, education and control of my child[ren] named above, consistent with the provisions of H.R.S. § 560:5-105.
2. To authorize the enrollment of the child[ren] named above in the Kamehameha Schools and, to the extent practicable and/or reasonable, to carry out all business and responsibilities pertinent to such child[ren]'s enrollment, including but not limited to, the following:
  - 2.1. Executing and discharging all responsibilities described in the Kamehameha Schools Enrollment Agreement, together with any changes made thereto from time to time as Kamehameha School deems necessary and appropriate;
  - 2.2. Attending any or all meetings reasonably required or recommended by Kamehameha Schools;
  - 2.3. Determining and authorizing vacation arrangements for my child[ren] named above;
  - 2.4. Determining and authorizing visitation arrangements for my child[ren] named above;
  - 2.5. Authorizing any and all reasonable medical, dental, psychological, counseling, or other health care services for my child[ren] named above;

- 2.6. Determining and authorizing participation in various programs activities, learning, recreational, athletic, excursions, field trips, or social opportunities for my child[ren] named above;
  - 2.7. Determining and authorizing participation in religious or spiritual training and activities for my child[ren] named above; and
  - 2.8. Determining whether the enrollment of my child[ren] named above at Kamehameha Schools should continue and to take all steps necessary to withdraw my child[ren] from Kamehameha Schools if appropriate or required.
3. Generally to do and perform all matters and things, transact all business, make, execute and acknowledge all contracts, orders, writings, assurances and instruments which may be requisite or proper to effectuate any matter or thing pertaining to my child[ren] named above, with the same powers, and to all intents and purposes with the same validity, as I could if personally present. It is my intention in this paragraph to give my Attorney the broadest possible power, without limitation to any of the kinds or classes of matters or powers specifically enumerated above.

The Attorney shall have additional incidental powers necessary to effectuate this Power of Attorney and to carry out all decisions pursuant thereto. If more than one individual has been appointed by me to act as my Attorney, each of the Attorneys shall have the authority to act as my Attorney independently of the other Attorney(s) in the exercise of their powers or duties, including signing any consents necessary to provide for the medical and dental treatment and the educational or other needs of my child[ren] without the necessity of first obtaining the consents of the other Attorneys.

This Power of Attorney shall not be affected by my incapacity or disability.

The powers delegated under this Power of Attorney are separable, so that the invalidity of one or more powers shall not affect any others.

This Power of Attorney shall be effective until \_\_\_\_\_ [date **one year or less from date document signed**] unless revoked earlier by the parent or legal guardian in writing. In any case, the authority granted herein **shall not be valid for more than one year from the date of this document.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

STATE OF HAWAII )  
 ) SS.  
CITY & COUNTY OF HONOLULU )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_, to me personally known, who, being by me duly sworn or affirmed, did say that such person executed the foregoing instrument as the free act and deed of such person, and if applicable in the capacity shown, having been duly authorized to execute such instrument in such capacity.

\_\_\_\_\_  
Notary Public, State of Hawaii

Printed Name: \_\_\_\_\_

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

(Official Stamp or Seal)

<u>NOTARY CERTIFICATION STATEMENT</u>	
Document Identification or Description:	
<input type="checkbox"/> Doc. Date: _____ or <input type="checkbox"/> Undated at time of notarization.	
No. of Pages: _____	Jurisdiction: First Circuit (in which notarial act is performed)
_____ Signature of Notary	_____ Date of Notarization and Certification Statement
_____ Printed Name of Notary	(Official Stamp or Seal)