DURABLE POWER OF ATTORNEY

THE STATE OF TEXAS §

§ KNOW ALL BY THESE PRESENTS:

COUNTY OF Enter County here. §

THAT I, Enter client’s name here., choose Enter agent’s name.**,** whose address is Enter agent’s address here., to act on my behalf to do the following acts:

1. To apply for, manage, and communicate on my behalf regarding my public benefits.
2. To apply for, manage, and communicate on my behalf with any health insurance company.
3. To communicate with any medical providers on my behalf, including making appointments.
4. The right to consult with school officials concerning my welfare and education status, including school activities;
5. The right to be notified and consulted concerning my education, including but not limited to making decision that involve disciplinary matters;
6. The right to make all program decisions for me as a special education student in my place and attend all special education meetings, including ARDS as my representative;
7. The right to be designated on my school records as a person to be notified in case of an emergency.

I give and grant unto said attorneys full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present. I hereby ratify and confirm all my attorney shall lawfully do or cause to be done by virtue of this power of attorney.

This power of attorney is not affected by my subsequent disability or incapacity.

IN WITNESS WHEREOF, I have hereby set my hand on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

Enter client’s name

STATE OF TEXAS §

§

COUNTY OF Enter county here. §

BEFORE ME, the undersigned authority, on this day personally appeared Enter client’s name. also known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

SWORN TO AND SUBSCRIBED BEFORE ME on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

NOTARY PUBLIC, STATE OF TEXAS