

## *Power of Attorney*

KNOWN ALL MEN BY THESE PRESENT, that I/We \_\_\_\_\_ (the Parent(s)/legal guardian(s) and hereafter known as the "Legal Guardians", do hereby certify to Resolution Ranch that I/We are the true and lawful attorney in-fact and legal custodian(s) for \_\_\_\_\_ (hereinafter the "Resident"), and said resident is my/our \_\_\_\_\_. Resident was born \_\_\_\_\_. We hereby execute this Power of Attorney for the purpose of providing custodial care, educational, therapeutic, and clinical services in connection with the Resolution Ranch Program (hereinafter known as the "Program").

Without limiting or qualifying the general Power of Attorney granted and delegated by the Legal Guardians to Resolution Ranch in the above paragraph, Legal guardian specifically grants to Resolution Ranch and its representatives the following powers:

- I. To house the Resident in said facility until the Residents completion of the Program.
- II. To Provide or obtain all medical, dental, psychiatric treatment and hospital care and to authorize a physician to perform any and all procedures that may appear to be medically necessary for the well being of the Resident.
- III. To guide and discipline the Resident as deemed necessary and reasonable by Resolution Ranch.
- IV. To if necessary physically restrain the resident should he/she become a danger to himself/herself or anyone else, as deemed necessary by Resolution Ranch.
- V. To allow the Resident to participate in all activities.
- VI. To search the resident and Residents personal effects at any time, and seize any items deemed by Resolution Ranch to be counterproductive to the Residents successful completion of the Program. The search of the Resident's person may require Resident to change all of his/he clothing in the presence of a staff member, where contraband may be hidden.

VII. To restrict the Resident's access to telephone calls, visitors, and delivered materials.  
The Power of attorney shall be in effect from the date of departure beginning \_\_\_\_/\_\_\_\_/\_\_\_\_\_ and ending upon the Residents graduation and return custody of the Parents/Legal Guardians, unless terminated by the Legal Guardian by withdrawing the Resident from the Program prior thereto.

I/We have executed this Power of Attorney on \_\_\_\_/\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian (father)

\_\_\_\_\_  
Parent/Legal Guardian (mother)

***(This form has to be notarized)-(Please bring this form with when admitting a new student)***

Notary: