

# GOODLAND ACADEMY

1216 N 4200 RD • Hugo, Oklahoma 74743 • (580) 326-7568 • fax (580) 326-5556

email: admission@goodland.org • website: www.goodland.org

## POWER OF ATTORNEY

I / we \_\_\_\_\_ are the parents and/or legal guardians of \_\_\_\_\_ (known hereafter as "student) and do hereby execute this Power of Attorney in order that Goodland Academy, may provide treatment, academics, and residential care for said student. I / we grant the following powers of attorney to Goodland Academy in order that proper care may be given to said student.

- To thoroughly search the personal belongings and person of said student upon arrival to the program, and during the program if deemed necessary and to confiscate any inappropriate items (considered to be illegal, harmful, or unnecessary).
- To treat and structure the student with reasonable and appropriate methods, not to include physical punishment. Physical restraint may be used if the student is a danger to self or others, as determined by Goodland Academy.
- To procure and/or provide medical, hospital, psychiatric, and dental treatment should such be deemed necessary for said student, as determined by Goodland Academy.
- To administer drug screen, pregnancy testing, and other relevant medical testing.
- We give permission for said student to participate in all program activities, knowing that such activities carry an inherent risk of injury or illness.

Goodland Academy will make every effort to contact the parent/guardian should the Power of Attorney be used.

\_\_\_\_\_

I / we execute this Power of Attorney on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, effective upon arrival at Goodland Academy on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. This Power of Attorney shall be in effect until said student graduates, leaves, or is dismissed from Goodland Academy or until the legal guardian(s) withdraw said student from Goodland Academy.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature (Relationship to Student)

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature (Relationship to Student)

\_\_\_\_\_

Date

\_\_\_\_\_

Notary Public  
Commission Expires \_\_\_\_\_