

SPECIAL POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That I, \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_, have made, constitute and appoint  
\_\_\_\_\_ of \_\_\_\_\_,  
my true and lawful attorneys, to act in, manage and conduct my affairs, and for that  
purpose in my name, place and stead, and for my use and benefit, as my act and deed, to  
do and execute, or to concur with persons jointly interested in me therein, in the doing or  
execution of all or any of the following acts, deeds and things, that is to say:

To act on my behalf in order to obtain, secure and  
provide for any and all medical care, services and  
supplies as my child, \_\_\_\_\_,  
DOB: \_\_\_\_\_, SSN: \_\_\_\_\_, shall  
require.

GIVING AND GRANTING unto my said attorney in fact, full power and  
authority to do and perform all and every act and thing requisite and necessary with respect  
to the accomplishment of the transactions specifically herein authorized, as fully to all  
intents and purposes as I might or could do, and hereby rectifying and confirming all that  
my said attorney shall lawfully do or cause to be done by virtue of these presents.

IN WITNESS WHEREOF, I have hereunto set my hand this \_\_\_\_ day  
of \_\_\_\_\_, 2004.

\_\_\_\_\_

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 2004, before me personally appeared \_\_\_\_\_ to me known to be the person described in and who executed the foregoing instrument and acknowledged that he executed the same as his free act and deed.

\_\_\_\_\_  
Notary Public, State of Hawaii  
\_\_\_\_\_  
(Print Name)  
My commission expires: \_\_\_\_\_