

Power of Attorney for Consent to Medical Care for a Minor

By signing this form, I (we) hereby authorize _____
to consent to emergent medical care for _____ (Child) as
recommended by a licensed healthcare provider to whom the Child is presented for
treatment*. In order to ensure that the Child receives prompt medical care when
necessary, I (we) hereby release any licensed health care provider providing medical
care to the Child in reliance of this form from liability relating to such provider's
acceptance of my (our) substitute care giver's consent.

*This consent to treat ONLY applies to emergency treatment. Healthcare providers must obtain prior consent from the custodial
parents for all preventative or elective medical procedures, medications, immunizations, or biologics.

This Power of Attorney is dated _____ and is valid for one year.

_____ Parent's Signature _____ Date

_____ Second Parent's Signature (optional) _____ Date

Notarized:

State of _____, _____ County

I, _____, a Notary Public for said County and

State, do hereby certify that _____

personally appeared before me this day and acknowledged the due execution of the
foregoing instrument.

Witness my hand and official seal, this the ____ day of _____, 20 ____.

Power of Attorney for Consent to Medical Care for a Minor

Medical History

(Failure to complete any of the following does not impair the validity
of this Power of Attorney for consent to medical care for a minor.)

_____ Child's Name
_____ Child's Birth Date
_____ Blood Type (if known)
_____ Insurance Carrier & Policy Number

Custodial Parent(s) Name(s) & Contact Information:

Allergies:

Previous Hospitalizations:

Major Conditions/Illnesses:

Current Medications or Supplements:

Primary Care Providers:

Emergency Contacts:

Other Important Information:

