

POWER OF ATTORNEY FOR CONSENT TO MINOR'S HEALTH CARE

I affirm that I am the parent and legal guardian of _____,
a minor, date of birth, _____. I hereby appoint my
_____ (relationship), _____ (name),
as my agent and attorney-in-fact to act for me and in my stead for the purpose of obtaining,
authorizing and consenting to health care for the minor child identified above. I specifically
grant my attorney-in-fact the power to make any and all health care decisions I could make for
my minor child. This power of attorney is effective immediately and will continue until revoked
or until _____ (date), whichever is shorter.

Printed Name of Parent

Signature of Parent

_____)
State : ss.
_____)
County

This instrument was acknowledged before me on the _____ day of _____,
_____, by _____.
(Printed Name of Parent)

(Notary Signature)

(Printed Name of Notary)
Notary Public for the State of _____
Residing at _____
My Commission Expires _____