

POWER OF ATTORNEY FOR MINOR

This Power of Attorney is made on _____.
DATE

Between: the Principal(s) _____
LEGAL GUARDIAN'S NAME

Whose address is _____

Individually referred to as "I" or "my",

AND: the Agent(s) _____
RESPONSIBLE PARTY'S NAME

Whose address is _____

Referred to as " You".

Grant of Authority: I appoint You to act as my Agent (called an attorney in fact) to do each and every act which I could personally do for the following uses and purposes:

To care for my daughter/son _____ from _____ (date) until _____ (date). This grant of authority shall specifically include the power to make all decisions concerning my child's welfare as well as my child's health care and the power to give consent to any health care procedures while she is in their care.

Each agent herein shall have the full grant of authority outlined immediately above such that a health care provider need only communicate with one of the Agents in order to obtain directives for care.

Powers: I give You all the power and authority, which I may legally give to You. You may revoke this Power of Attorney or appoint a new Agent in your place. I approve and confirm all that You or your substitute may lawfully do on my behalf.

Signatures: By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

Witnessed by:

Parent Signature

A notary Public