

## **DURABLE SPECIAL POWER OF ATTORNEY FOR MEDICAL SERVICES**

This Special Power of Attorney applies to the following minor child(ren):

<b>CHILD(REN)'S FULL NAME</b>	<b>PLACE OF RESIDENCE</b>	<b>DATE OF BIRTH</b>

The undersigned, as parent(s) or legal guardian(s) of the minor child(ren) named above, hereby constitute(s) and appoint(s) the following named adult as Attorney-in-Fact in the place of the undersigned in the manner, and to the extent, described hereafter.

Adult who is authorized to act as Attorney-in-Fact for the undersigned:

<b>ADULT'S FULL NAME</b>	<b>PLACE OF RESIDENCE</b>	<b>DATE OF BIRTH</b>

The Attorney-in-Fact named above shall have full power to consent to and authorize any medical, surgical or dental care, or any hospitalization, which he/she deems necessary or advisable for the health or treatment of any illness or injury of the minor child(ren) named above.

This Power of Attorney shall not be affected by the disability or incompetence of the Principal.

If the minor child(ren) named above has/have any special medical problems, including allergies, they are:

<b>CHILD(REN)'S FULL NAME</b>	<b>DESCRIPTION OF MEDICAL PROBLEM</b>

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian (if more than one)

STATE OF \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

This Special Power of Attorney was personally  
acknowledged before me on

\_\_\_\_\_ by  
\_\_\_\_\_, who

is either known to me or proved his or her  
identity to me.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary Seal

STATE OF \_\_\_\_\_ )  
 ) ss.  
County of \_\_\_\_\_ )

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identity to me.

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Signature of Notary Public

\_\_\_\_\_  
Notary Seal