## Power of Attorney for Consent to Medical Care for a Minor

By signing this form, I (we) hereby authorizeany medical care and treatment for			
Child receives prompt medic	cal care and treatment when ne	ecessary, I (we) hereby release any licensed	
health care provider providing	g 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 co	onsent.	
This Power of Attorney is da	ted	, and is valid for one year.	
•			
Parent's Signature	Date Seco	nd Parent's Signature (optional) Date	
· ·		· · · · · · · · · · · · · · · · · · ·	
Dated	Signature - Notary Pub	olic My commission expires	
	,	·	
Medical History			
(Failure to complete any of t		ne validity of this Power of Attorney	
for consent to medical care t	for a minor.)		
	<del></del>		
Child's Name	Child's Birth Date	e Allergies	
Religion	Blood Type	Date of Last Tetanus Shot	
Previous Hospitalizations an	d Major Illnesses	Current Medications	
Pediatrician	Telephone	Other Important Information	
Other Information			
Father's Name	Home Phone	Home Address	
Place of Employment		Work Phone	
Insurance Company		Policy Number	
Mother's Name	Home Phone	Home Address	
Place of Employment	· · · · · · · · · · · · · · · · · · ·	Work Phone	
Insurance Company		Policy Number	