

Authorization to Make Medical Decisions for Minor

Information & Instructions

What is the purpose of the Authorization to Make Medical Decisions for Minor?

This form allows you, as the parent or legal guardian, to temporarily appoint another individual as your Agent, to make health care decisions for the child. The appointment lasts only up to 60 days, and is intended for situations such as when a parent is temporarily out of state and the minor child is remaining with a family member or family friend.

What will the appointed agent be able to do?

Once this form is completed, the Agent will be able to make health care decisions for the minor child, on the parent or legal guardian's behalf. The Agent can consent to medical treatment. This form does not authorize the Agent broad rights to access the minor child's medical record. You do have the opportunity to limit the Agent's authority, by setting forth any specific acts you do not want the Agent to perform in the appropriate section of the form..

What steps must I take to complete the form?

Section 1

Provide the information requested, including setting forth the limit on the Agent's authority, if any. Your signature at the end of this section certifies that you have the legal right to make this appointment (in other words, that there is no court order prohibiting you from doing so).

Section 2

You must have two witnesses sign and date the form, and print their name, address and telephone number. The witnesses must be over age 18, and neither witness can be the individual identified as the Agent.

Section 3

The Agent must complete this section and sign where indicated.

Section 4

If applicable the minor child(ren)'s other parent must complete this section and sign where indicated. This section must be completed unless the non-appointing parent is deceased, whereabouts unknown, or unwilling/unable to provide care for the minor child(ren).

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1. AUTHORIZING PARTY (Parent/Guardian)

I, _____, am: the parent / legal guardian / legal custodian of the minor child(ren) listed below.

I do hereby authorize _____, residing at _____, Phone #: _____ to exercise concurrently the rights to agent and make healthcare decisions for the minor children whose names and dates of birth are:

_____ *name and date of birth*

_____ *name and date of birth*

_____ *name and date of birth*

_____ *name and date of birth*

The agent may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

I understand that I may not appoint a temporary agent for the child(ren) listed above if they have another living parent whose whereabouts are known to me and who is willing and able to provide care and custody, unless that parents consents.

Check applicable statements:

- The non-appointing parent has given consent. *(See Section 4 at the end of this form)*
- I have not attached the non-appointing parent consent because the non-appointing parent is:
(The non-appointing, or other parent, does not have to give permission if one of the following statements is true)
 - deceased.
 - whereabouts unknown.
 - unwilling to provide care for the minor child.
 - unable to provide care for the minor child.

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency
- I understand that, if the Appointment is amended or revoked, I must provide the amended Appointment or revocation to all parties to whom I have provided this Appointment.

This Appointment shall remain in effect until _____ (not more than 60 days from the date I sign the Appointment) or until I notify the agent in writing that I have amended or revoked it.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature: _____ Date: _____

Address: _____

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the appointed agent.)

Witness #1 Signature

Witness #2 Signature

Printed Name: _____

Printed Name: _____

Address: _____

Address: _____

3. TEMPORARY AGENT ACCEPTANCE

I, _____, hereby accept this Temporary Agent Appointment.

- I am at least 18 years of age.
- I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise concurrent power relative to the child(ren), except those powers prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian, or legal custodian.
- I understand that if the Appointment is amended or revoked, I must provide the amended Appointment or revocation to all parties to whom I have provided this Appointment prior to further exercising any rights or responsibilities under the Appointment.

Signature: _____ Telephone #: _____

Printed Name: _____

Address: _____

4. NONAPPOINTING PARENT CONSENT (if applicable)

I, _____, am the nonappointing parent of the child(ren). I consent to the designation of _____ to be a temporary agent for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

Signature: _____ Telephone #: _____

Printed Name: _____

Address: _____