

Power of Attorney for Consent to Medical Care

We, the parent(s) of _____ ("the child")
hereby authorize _____ to consent to
any kind of medical care that he or she may deem necessary or appropriate, including but not
limited to treatment for fractures, burns, cuts, abrasions, surgery, blood transfusion and the
administration of drugs.

In order to assure that the child receives prompt medical care and treatment when necessary,
we hereby release any healthcare provider who provides such services to the child in reliance
on this Power of Attorney from any and all claims, suits or liabilities arising out of or with
respect to said treatment.

Medical History

Failure to complete any of the following information does not impair the validity of this Power
Of Attorney.

Child's Name: _____

Child's Birth Date: _____

Allergies: _____

Blood Type: _____

Religion: _____

Previous Hospitalizations & Major Illnesses: _____

Current Medications: _____

Date of Last Tetanus Shot: _____

Pediatrician/Phone: _____

This power of Attorney is dated _____, 200__ and is valid for one year.

Parents Signature

Dated

Public Notary

Commission Expires