



Medical Power of Attorney

This power of attorney shall be effective during such period of time as we, or either of us, may for any reason not be available to give our consent to any medical diagnosis or treatment, including surgery, for our child (or children).

I _____ do hereby appoint the following individuals as our
 (Name of Parent/Legal Guardian)

true and lawful attorney-in-fact, with full power loco parentis, to decide upon and consent to the rendering of any medical diagnosis, which (he or she) deems in the best interest of health and welfare of our child(ren) _____

(Name of Patient)

Name	Relationship to Patient

 Signature of Parent or Guardian

 Date