

POWER OF ATTORNEY FOR CONSENT TO MINOR'S HEALTH CARE

I affirm that I am the parent and legal guardian of _____,
a minor, date of birth, _____. I hereby appoint my
_____ (relationship), _____(name), as my
agent and attorney-in-fact to act for me and in my stead for the purpose of
obtaining, authorizing and consenting to health care for the minor child identified
above. I specifically grant my attorney in fact the power to make any and all
health care decisions I could make for my minor child. This power of attorney is
effective immediately and will continue until revoked or until _____
(date), whichever is shorter.

Printed Name of Parent

Signature of Parent

_____)
State : SS.

_____)
County

This instrument was acknowledged before me on the _____ day of _____,
2009, by _____.
Printed Name of Parent

Notary Signature

Printed Name of Notary

Notary Public for the State of _____

Residing at _____

My Commission Expires: _____