

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

By signing this form, I (we) \_\_\_\_\_ (Guardian Name) hereby consent to any medical care and treatment for \_\_\_\_\_ (Child) \_\_\_\_\_ (Date of Birth) that is recommended by Marsh Landing Behavioral Group, Inc. In order to ensure that the Child receives prompt medical care and treatment when necessary, I (we) hereby release any licensed health care provider at Marsh Landing Behavioral Group, Inc. providing medical care to the Child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute caregiver's consent.

I hereby authorize the following substitute caregiver's to obtain medical care and treatment for my child:

\_\_\_\_\_  
Caregiver's Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Caregiver's Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Caregiver's Name

\_\_\_\_\_  
Relationship to Patient

This Power of Attorney is dated \_\_\_\_\_, \_\_\_\_\_ and is valid until I revoke it.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Parent's Signature (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Commission Expires