

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