

# Medical Power of Attorney

Law prohibits hospitals from providing any type of medical care beyond lifesaving treatment to ill or injured children without parental consent.

The Anne Arundel Medical Center Power of Attorney enables relatives or friends to consent to your child's emergency medical care when you are away.

Anne Arundel Medical Center recommends you leave this form with the adult who cares for your child in your absence.

From

\_\_\_\_\_  
(Full Name(s) of Parent(s) or Guardian)

To

\_\_\_\_\_  
(Name of Adult Responsible for Child)

We (I)

\_\_\_\_\_  
(Full Name(s) of Parent(s) or Guardian)

of

\_\_\_\_\_  
(Residential Address in Full)

do hereby appoint

\_\_\_\_\_  
(Name of Adult Responsible for Child)

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

(or children)

\_\_\_\_\_  
(Name(s) of the Child or Children)

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).

This power of attorney shall not be affected by the disability of either or both of us, but shall continue in full force and effect during any such disability.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

WITNESS:

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Name and Address of Witness)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_

\_\_\_\_\_  
(Name and Address of Witness)

\_\_\_\_\_

\_\_\_\_\_