Power of Attorney for Consent to Medical Care for a Minor

By signing this form, I (we) hereby authorize Brian Garrahan to consent to any medical care and treatment for _____(Child) that is recommended by a licensed healthcare provider to whom the Child is presented for treatment. In order to ensure that the Child receives prompt medical care and treatment when necessary, I (we) hereby release any licensed health care provider providing medical care to the Child in reliance of this form from liability relating to such provider's acceptance of my (our) substitute care giver's consent.

This Power of Attorney is dated _____, _____and is valid for one year.

Parent's Signature | Date | Second Parent's Signature (optional) | Date

Medical History
(Failure to complete any of the following does not impair the validity of this Power of Attorney for consent to medical care for a minor.)

Child's Name | Child's Birth Date | Allergies

Religion | Blood Type | Date of Last Tetanus Shot

Previous Hospitalizations and Major Illnesses | Current Medications

Pediatrician | Telephone | Other Important Information

Other Information

Father's Name | Home Phone | Home Address

Place of Employment | Work Phone

Insurance Company | Policy Number

Mother's Name | Home Phone | Home Address

Place of Employment | Work Phone

Insurance Company | Policy Number