

INDIANA POWER OF ATTORNEY for MINOR CHILD AGREEMENT

We, _____, legal guardians of _____, a minor child, in accordance with the provisions of Indiana Code 29-3-9-1, do hereby and from the date of this instrument delegate and appoint _____ [Name of representative], jointly and severally, of _____, Indiana, as representative and attorney-in-fact ("Representative") for our minor child, with all necessary powers regarding his/her support, custody, and welfare. Additionally, in accord with the provisions of Indiana Code §16-36-1, et seq., particularly IC §16-36-1-5, 6 and 7, we grant our Representative, the absolute right, power and authority, for either one of said persons, to act and consent in all matters affecting the health and health care of our minor child, including but not limited to the following acts: arrange for admission to and sign all admission documents and do all things required in connection with his admission as an inpatient or outpatient at any hospital or health care facility and to execute consents for medical treatment, procedures or surgery; and to execute releases of liability or other waivers or releases as to any physician, surgeon, hospital and/or employees thereof, all as our said representatives may in their discretion determine necessary or desirable, and with the same effect as if we personally had so acted.

Our Representative may delegate the authority herein granted in accord with the provisions of Indiana Code §16-36-1-6, but only during a period when they may not be reasonably available to exercise the authority themselves. In the exercise of the authority granted to them by this appointment, our Representative shall act in the best interests of our minor child consistent with the purposes expressed herein, and they shall act in good faith.

This appointment shall be effective for a period of _____ () days [not to exceed 365] from the date of this document unless we revoke the same by notifying our Representative orally or in writing.

IN WITNESS WHEREOF, we have signed this document this _____ day of _____, 20____.
Notarized or Verified by:

Parent/Legal Guardian Contact Information:

Names: _____

Mailing Address: _____

Emergency Telephone: _____

Email: _____

