

THIS FORM IS PROVIDED AS AN EXAMPLE FOR YOU TO REVIEW WITH YOUR FAMILY AND ADVISORS THAT YOU TRUST. THIS FORM CONVEYS EXTREMELY STRONG RIGHTS AND POWERS TO OTHER PEOPLE OVER YOUR PROPERTY, ASSETS, INCOME, LIABILITIES/DEBT, CHILDREN, AND MEDICAL CARE. THESE PEOPLE DO NOT HAVE SUCH RIGHTS UNTIL YOU GIVE THEM THE RIGHTS WITH THIS FORM. YOU SHOULD NOT FILL OUT THIS FORM OR COMPLETE IT WITHOUT SPEAKING WITH AN ATTORNEY AND RECEIVING ADVICE ABOUT THE POWERS THAT YOU ARE GIVING OTHER PEOPLE AND ITS LEGAL IMPACT.

YOU SHOULD NOT COMPLETE THIS FORM WITHOUT SIGNIFICANT THOUGHT AND ADVICE FROM EXPERTS. YOU ARE ADVISED TO SPEAK WITH AN ATTORNEY BEFORE COMPLETING IT TO FULLY UNDERSTAND ITS IMPACT UPON YOUR RIGHTS AND TO HAVE THEM ASSIST YOU IN COMPLETING THE FORM.

YOU SHOULD NOT COMPLETE THIS FORM UNTIL YOU FULLY UNDERSTAND IT AND ITS IMPACT UPON YOUR RIGHTS AND SPEAKING WITH AN ATTORNEY.

ESTE FORMULARIO SE PROPORCIONA COMO UN EJEMPLO PARA QUE USTED LO REVISE CON SU FAMILIA Y CON ASESORES DE SU CONFIANZA. ESTE FORMULARIO OTORGA DERECHOS Y PODERES MUY AMPLIOS A OTRAS PERSONAS SOBRE SU PROPIEDAD, BIENES, INGRESOS, OBLIGACIONES/DEUDAS, HIJOS Y ATENCIÓN MÉDICA. ESTAS PERSONAS NO TIENEN TALES DERECHOS HASTA QUE USTED SE LOS OTORQUE MEDIANTE ESTE FORMULARIO. NO DEBE LLENAR NI COMPLETAR ESTE FORMULARIO SIN HABLAR CON UN ABOGADO Y RECIBIR ASESORAMIENTO SOBRE LOS PODERES QUE ESTÁ OTORGANDO A OTRAS PERSONAS Y SU IMPACTO LEGAL.

NO DEBE COMPLETAR ESTE FORMULARIO SIN UNA REFLEXIÓN PROFUNDA Y SIN ASESORAMIENTO DE EXPERTOS. SE LE RECOMIENDA HABLAR CON UN ABOGADO ANTES DE COMPLETARLO PARA COMPRENDER COMPLETAMENTE SU IMPACTO EN SUS DERECHOS Y PARA QUE LE ASISTA EN SU COMPLETACIÓN.

NO DEBE COMPLETAR ESTE FORMULARIO HASTA QUE LO ENTIENDA COMPLETAMENTE Y COMPREnda SU IMPACTO EN SUS DERECHOS, Y HASTA HABER HABLADO CON UN ABOGADO.

MEDICAL CONSENT AUTHORIZATION FOR MINOR CHILDREN

Please Print All Information Below

[] I, _____, am the parent of the child(ren) listed below, and there are
Name of Parent
no court orders now in effect that would prohibit me from conferring the power to consent upon
another person.

[] I, _____, am the legal guardian or legal custodian of the
Name of Legal Guardian/Custodian
child(ren) by court order (copy attached, if available), and there are no other court orders in
effect that would prohibit me from conferring the power to consent upon another person.

I, _____, do hereby confer upon _____,
Name of Parent/Legal Guardian/Custodian Name of Medical Consent Designee
residing at _____, the power to consent to necessary
Address of Medical Consent Designee
medical or mental health treatment for the following child(ren): _____,
Name of Child(ren)
residing at _____, born on _____,
Address of Child(ren) Birthdate of Child(ren)
and on the child(ren)'s behalf do hereby state that the power to consent which I confer shall not
be affected by my subsequent disability or incapacity.

The power which I confer is specifically limited to health care and mental health care decision
making, and it may be exercised only by the person named above.

The person named above may consent to the child(ren)'s (cross out all that do not apply):
medical, dental, surgical, developmental, and/or mental health examination or treatment and may
have access to any and all records, including, but not limited to, insurance records regarding any
such services.

I confer the power to consent freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency. This document shall remain in effect until it is revoked by notifying my child(ren)'s medical, mental health care, and insurance providers, in writing, and the person named above that I wish to revoke it.

In witness whereof, I, _____ have signed my name to this
Name of Parent/Legal Guardian/Custodian
medical consent authorization, consisting of 2 pages on _____ in
Date of Signing
_____ County, Pennsylvania.
Name of County

Signature of Parent/Legal Guardian/Custodian

Name of Parent/Legal Guardian/Custodian

Signature of First Witness

Name of First Witness

Address of First Witness

Signature of Second Witness

Name of Second Witness

Address of Second Witness

Signature of Medical Consent Designee

Name of Medical Consent Designee