

MEDICAL CARE/TREATMENT DELEGATION OF PARENTAL POWERS

This form grants temporary authority to a designated adult to authorize the medical care of a minor child.

Minor Child's Full Legal Name: _____

Date of Birth: _____ Gender: _____ Medical Insurance: _____

Primary Physician: _____ Location: _____ Phone #: (____) ____ - _____

Please note all conditions for which the minor child is currently receiving treatment:

Note any other significant medical information for the minor child:

The undersigned is the parent or legal guardian of the minor child identified above and delegates to _____ (the "Agent") the following powers with respect to the minor child:

- (1) Giving consent to any medical care, surgical procedure and/or other treatment of any type or nature.
- (2) Giving consent for the admission to any hospital or medical center.
- (3) Giving consent to the use of any drugs, medication, therapeutic devices, or other medicines or medical items.
- (4) Requesting, receiving and reviewing any information, verbal or written, regarding the minor child's physical or mental health, including medical and hospital records and any and all of the minor child's protected medical information as defined under the Health Insurance Portability and Accountability Act of 1996, 42USC1320d and 45 CFR 160-164, as amended, and the execution of any releases or other documents that may be required in order to obtain this information.
- (5) Employing and discharging physicians, psychiatrists, dentists, nurses, therapists, and other professionals as the Agent may deem necessary for the minor child's physical and mental condition.
- (6) Taking and authorizing all other acts with respect to the minor child's health and medical care.

This Delegation is effective through: _____
(Insert date not more than six months after the date of signing).

This Delegation is given pursuant to Act No. 386 of the Michigan Public Acts of 1998 (MCL §700.5103). A photo reproduction of this Delegation shall be as valid in all respects as the original.

Signed this _____ day of _____, 20____.

Parent/Legal Guardian Signature:

Printed Name of Parent/Legal Guardian