



Appointment of Agent and Personal Representative

Patient's Name:

Date of Birth:

MRN:

I hereby appoint the agent(s) (listed below) who is at least 18 years of age, as my agent(s) and representative(s) for the purpose of authorizing and consenting to medical treatment of my dependent child, named above, for any illness or injury that may occur, or routine care that is needed, while he or she is in the care and custody of the agent between the days of _____, 20____ and _____, 20____, while I am at work, on vacation or otherwise not immediately available to give such consent. This consent period cannot be longer than 12 months from the date of my signature.

Agent Name(s):

Relationship

Phone Number

1. _____

2. _____

3. _____

Printed Name/Signature of Parent or Guardian

Date of Signature

Printed Name/Signature of Co-Parent (if married/shared custody)

Date of Signature

Witness/relationship

Date

Witness/relationship

Date