

# ***Power of Attorney***

I, (we), \_\_\_\_\_ and \_\_\_\_\_ of \_\_\_\_\_ Ohio, the parent(s) of \_\_\_\_\_ a minor under the age of eighteen (18) years, do hereby make, constitute and appoint \_\_\_\_\_ of Fairborn, Ohio, telephone number 878-1620, my (our) true and lawful attorney-in fact for me (us) and in my (our) name, place, and stead, and on my (our) behalf to do and perform any and all of the following actions:

- ✓ To make any and all arrangements deemed appropriate and in the best interest of my minor child for said minor child's medical, surgical, or dental care.
- ✓ To authorize, consent, or request for me and in my name that my minor child be admitted as a patient in a hospital or other similar facility.
- ✓ To give consent for me and in my name to any and all type of medical treatment or procedures, dental treatment or procedures, or surgical procedures for my minor child.
- ✓ To give consent for me and in my name to the disclosure of any and all confidential or privileged information or communications in the possession of any person or institution and which may have been generated by the rendering of any care to my minor child by such person or institution of any kind of types herein referred to.
- ✓ To sign, execute, acknowledge, and deliver for me and in my name any and all instruments or documents of any kind or type whatsoever deemed by said attorney in the sole discretion of my said attorney to be in the best interests of my minor child or to be necessary or appropriate in order to carry out any of the authority herein vested in my said attorney.
- ✓ To employ physicians, surgeons, dentists, nurses, paraprofessionals, or other individuals, and to employ and institutions, all as may be deemed necessary or appropriate by said attorney in order to render to my minor child any of the types of care herein referred to.

This instrument shall be in effect on \_\_\_\_\_ and will expire \_\_\_\_\_

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Signature of parent/guardian)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Notary Public)

**(THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY)**