

**DURABLE POWER OF ATTORNEY FOR HEALTH CARE AND EDUCATION
RELATED DECISIONS**

GENERAL STATEMENT OF AUTHORITY GRANTED

I, _____, the undersigned principal, hereby appoint the _____ to act on my behalf, and to be my minor children's (_____, **DOB** _____, and _____, **DOB** _____) agent for health care and education related decisions and pursuant to the language stated below, on my behalf to:

HEALTH CARE DECISIONS

1. Consent, refuse consent, or withdraw consent, concerning my minor children _____, to any care, treatment, service or procedure to maintain, diagnose or treat a physical or mental condition, and to make decisions about organ donation, autopsy and disposition of the body;

2. Make all necessary arrangements at any hospital, psychiatric hospital or psychiatric treatment facility, hospice, nursing home or similar institution; to employ or discharge health care personnel to include physicians, psychiatrists, psychologists, dentists, nurses, therapists or any other person who is licensed, certified or otherwise authorized or permitted by the laws of this state to administer health care as the agent shall deem necessary for the physical, mental and emotional well being of my minor children, _____; and

3. Request, receive and review any information, verbal or written, regarding my minor children, _____ personal affairs or physical or mental health including medical and hospital records and to execute any releases of other documents that may be required in order to obtain such information.

EDUCATION RELATED DECISIONS

4. Serve as the decision maker in education related matters of _____, including, but not limited to: enrollment in secondary or post-secondary school or schools;

5. Serve as the decision maker in any issues concerning _____, including, but not

limited to transfers, transcripts, extra-curricular activities, special education, sports, field trips, parent teacher conferences, disciplinary action, progress reports, transportation, and attendance.

LIMITATIONS OF AUTHORITY

The powers of the agent herein shall be limited to the extent set out in writing in this durable power of attorney for health care and education related decisions, and shall not include the power to revoke or invalidate any previously existing declaration made in accordance with the natural death act.

EFFECTIVE TIME

This power of attorney for health care and education related decisions shall become effective immediately and shall not be affected by my subsequent disability. The rights, powers, and authority granted herein shall remain in full force and effect thereafter until my death. This power of attorney shall not be affected by any subsequent disability or incapacity.

REVOCAATION

Any durable power of attorney for health care and education related decisions I have previously made is hereby revoked.

Any party presented with a copy of this Durable Power of Attorney for Health Care and Education Related Decisions may rely upon such presentation as conclusive evidence of its present validity and effectiveness. No person who acts in reliance upon the representations of or the authority granted my agent shall incur any liability to me or to my estate as a result of permitting my agent to exercise any power.

Dated this _____ day of _____ 20__.

Parent/Guardian Signature

