



**STANDARD POWER OF ATTORNEY FOR  
MEDICAL/SCHOOL DECISION MAKING**

**KNOW ALL PERSONS BY THESE PRESENTS:**

That I, \_\_\_\_\_, a resident of \_\_\_\_\_ (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state) residing at \_\_\_\_\_ (street address) do hereby make, constitute, and appoint \_\_\_\_\_, residing at \_\_\_\_\_ (full address) my true and lawful attorney in fact for me and in my name, place and stead, in their sole discretion, to transact, handle and dispose of the limited matters set forth herein, specifically:

To consent to medical treatment for \_\_\_\_\_, minor child, of whom I am the biological parent, legal custodian or legal guardian. Medical treatment means any medical, chiropractic, optometric, or dental examination, diagnostic procedure, and treatment, including but not limited to hospitalization, developmental screening, mental health screening and treatment, preventive care, pharmacy services, immunizations recommended by the federal Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices, well-child care, and blood testing, except that "medical treatment" shall not include HIV/AIDS testing, controlled substance testing, or any other testing for which a separate court order or informed consent is required under other applicable law.

To make school-related decisions for \_\_\_\_\_, minor child, of whom I am the biological parent, legal custodian or legal guardian. I hereby affirm that the minor child resides with \_\_\_\_\_ (attorney in fact) at \_\_\_\_\_ (full address).

This instrument is intended to, and does hereby, grant to my attorney full power and authority to do and perform each and every act and thing whatsoever requisite, necessary and proper to be done, in the exercise of the rights and powers herein granted, as fully, to all intents and purposes, as I might or could do personally present, hereby ratifying and confirming all that my attorney shall do or cause to be done by virtue thereof.

It is fully understood that any school district asked to recognize the authority assigned by this instrument may regularly review and/or audit the residency of the child. Falsification of this document may constitute a criminal offense.

The rights, powers and authority of my attorney shall commence upon execution of this instrument and shall remain in full force and effect until this instrument is terminated by me in writing.

So acknowledged this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian's Name (printed)

\_\_\_\_\_  
Parent/Legal Guardian's Signature

Subscribed and sworn before me on \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_, Notary Public. My commission expires: \_\_\_\_\_.

**THIS IS NOT A COURT ORDER.**

The execution or possession of this form does not signify that a person has lawful custody or guardianship of the child mentioned herein. The limited purpose of this form is to indicate that the above-named person given power of attorney has the authority to consent to medical treatment and to make school-related decisions for the above-named child. This form is not required to be filed with the circuit court clerk. Falsification of this document may constitute a criminal offense.