

## Power of Attorney for Temporary Delegation of Powers by Parent(s) or Guardian Consent for Medical Care

Place patient label here or fill out information below:

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

MRN: \_\_\_\_\_

Sometimes, the need for health care services comes up when a parent or guardian is not available to give consent. Parent(s)/guardian(s) planning a trip, who routinely leave a child in the care of others, or those in active military service who will be deployed, need to arrange for a decision maker who can act on their behalf. This is in case a routine or emergent health care need comes up at a time when they cannot be there to consent to treatment.

Michigan law allows the parent(s)/guardian(s) of a minor child or the guardian(s) of a legally incapacitated person to temporarily delegate powers for the care, custody, and property of the minor child/legally incapacitated person. This is limited to a period of 6 months, and does not automatically renew. Any renewal must result from a parent filling out a new Power of Attorney for Temporary Delegation of Powers document (Power of Attorney form). There is an exception for active service men and woman who are deployed in a foreign country, to 31 days after the end of the deployment. The Power of Attorney form cannot be used to consent to a marriage, adoption, or to establish school residency.

A Power of Attorney does not limit the power of the parent/guardian in the event that they can be reached and wants to make a decision about the care to be received. The Power of Attorney can be established without the need for any court proceedings.

### How to prepare for unexpected medical care needs in your absence:

1. Make sure the alternate caregiver knows how to reach you at all times.
2. When you are not available to come to your child's medical or dental appointment, or know you may be difficult to reach, you can **temporarily delegate your authority** to give consent to the adult providing care for your child, by completing this form.

### How to complete this form:

1. **Step 1: Provide accurate information about your child.**  
Print clearly in ink. Include the child's full name as it appears on the child's birth certificate. Make sure you fill in all of the blanks. If for example, your child has no allergies, write "none". Clearly state any limitations you want on this temporary delegation (i.e., Delegation includes consent for necessary surgery, but does not include giving consent for elective/non-emergent surgery, such as cosmetic procedures).
2. **Step 2: Provide accurate information about the person who you are delegating your powers/authority.**  
Choose someone that you trust. It can be any adult who is 18 years or older, and who agrees to make health care decisions and consent to care and treatment for your child in your absence.
3. **Step 3: State how long this temporary delegation will last.**  
Check only one box, and include the correct dates for when the delegation starts and ends.
4. **Step 4: Sign the form.**  
Make sure all of the blanks have been filled in. Draw a line through any blank that has not been filled in to prevent information from being added at a later date. The Power of Attorney should be signed and dated by at least 1 parent/guardian (preferably both), **in front of a witness or Notary Public who must also sign and date the form.** The witness cannot be the other parent, a relative by blood or marriage, or an employee of Henry Ford Health System.
5. **Step 5: What to do with the form after it's been signed.**  
After you complete this form you should **give the form to the adult to whom you have delegated your authority.** Explain that you have temporarily delegated your power to make health care decisions and consent to care and treatment by signing this form. **Make sure they understand that they must take the form with them to the hospital, doctor, or dentist's office when they take your child to receive health care.**

**Special Note For Court Appointed Guardians:** A guardian (i.e., not a parent) of a minor or a legally incapacitated adult making such a delegation is required to notify the court that approved the guardianship within 7 days and provide the court the name, address, and telephone number of the new "attorney-in-fact."

- I/we are the parents or legal guardian(s) of the minor child or legally incapacitated person named below.
- I/we appoint the following people to act on my/our behalf to consent to routine or emergency care that may be needed during my/our absence. This includes dental care, mental health care, medical care, and surgical care.
- I/we understand this delegation means we authorize Henry Ford Health System to release and disclose health information in order for the person listed below to make healthcare decisions.

**Step 1: Provide the following information about the child:**

Name _____ Date of Birth _____	
Address _____	
<b>Known Medical Conditions:</b>	
<b>Insurance Information:</b>	Plan Name _____ Member I.D. _____
<b>Primary Care Physician/Pediatrician:</b>	Name _____ Phone _____
<b>Dentist:</b>	Name _____ Phone _____
<b>Limits placed on this delegation:</b>	

**Step 2: I/We appoint the following people to act on my/our behalf (in order of appearance):**

<b>Person #1</b> Name _____ Address _____ Phone Number _____ Driver's License Number _____ State ____	<b>Person #2</b> Name _____ Address _____ Phone Number _____ Driver's License Number _____ State ____
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**Step 3: State how long this delegation will last. Check only 1 box and fill in the correct dates.**  
 This delegation may only last a maximum of 6 months, unless the parent/guardian is serving on active duty. A new form is needed after the expiration date.

This temporary delegation starts on \_\_\_\_\_ and ends on \_\_\_\_\_ .

I/We are serving on active duty in the armed forces of the United States and will be deployed in a foreign nation. This temporary delegation starts on \_\_\_\_\_ and ends on the 31<sup>st</sup> day after the end of my deployment.

**Step 4: Sign this form correctly. At least 1 parent/guardian must sign and date either:**  
 1) In front of a witness who is not related to you by blood or marriage, and is not an employee of Henry Ford Health System, **or**  
 2) In front of a Notary Public who is not related to you by blood or marriage, and is not an employee of Henry Ford Health System.

_____ <b>Signature Parent/Guardian</b> Print Name: _____ Date: _____ Phone: _____	1. Witness _____ / _____ Signature Print Name Date: _____ Phone: _____
_____ <b>Signature Parent/Guardian</b> Print Name: _____ Date: _____ Phone: _____	2. Notary Public: <b>On this day, the parent(s) or guardian(s) so named herein personally appeared before me and freely executed this document. The same are either personally known to me or provided satisfactory proof of identity.</b> _____ / _____ Signature Date My commission expires: _____