

APPOINTMENT OF GUARDIAN FOR CHILD

_____ is the parent and natural guardian of the following child:

Name	Age	Date of Birth
------	-----	---------------

If a guardian is required for my child, I nominate, as my first choice, _____, to serve as guardian(s).

If the above-nominated guardian(s) is/are unwilling or unable to serve or continue as guardian of the Person of my minor child(ren), then I nominate the following individuals to serve as guardians listed in preferred order and not serving jointly unless explicitly noted:

Unless and until a Court appoints a legal guardian for the child, I hereby authorize the above named people to act as guardian without a court order and such person(s) shall have the following authority:

- (1) To act as the residential custodian of the minor child.
- (2) To consent to any health care services needed for my child, including any medical, dental, psychological, orthodontic, and/or ophthalmological treatment of any kind or type or to disapprove the same within the bounds of the law, which includes, but is not limited to, the administration of first aid, the use of an ambulance, authorization of vaccinations, the administration of anesthesia, and/or surgery, under the recommendation of qualified medical personnel.
- (3) To designate schooling for my child, make any educational decisions including enrolment, withdraw, and transfer decisions, and have unlimited access to any and all of the educational records and to communicate with school personnel about any topic relating to my child, including but not limited to participation in special education teams and making decisions under the Individuals with Disabilities Education Act ("IDEA") and Section 504 of the Rehabilitation Act.
- (4) To enroll my child in any extracurricular activity or child care program.
- (5) To obtain information from and communicate with any governmental agency, including but not limited to law enforcement, child welfare services, and juvenile department(s).
- (6) To travel within the United States and internationally with my child for any purpose and for any period of time.

(7) To generally act in loco parentis for any purpose whatsoever.

Authorization for Use or Disclosure of Protected Health Information

I hereby authorize all medical service sources and health care providers to use and/or disclose all past, present, and future protected health information ("PHI") described below to the legal guardian(s) I have appointed in this Document. The PHI to be used and/or disclosed includes records relating to mental health care, communicable diseases. In addition, I authorize the disclosure of information regarding my child's billing, condition, treatment, and prognosis to the aforementioned guardian(s). This medical information may be used by the person(s) I authorize to receive this information for medical treatment or consultation, billing or claims payment, or any other purposes reasonably necessary for medical treatment. This authorization shall be in force and effect until termination of guardianship or until my child is 18 years of age. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim. I understand that my treatment, payment, enrollment, or eligibility for benefits will not be conditioned on whether I sign this authorization. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

State of _____)
) ss.
County of _____)

Parent
Signature: _____
Printed Name: _____
Address: _____
Date: _____ Telephone Number (if available) _____

Subscribed and Affirmed to before me by _____ this ____ day of _____, 20____.

Notary Public - State of _____
Commission Expires: _____