



ASSOCIATED ENDOCRINOLOGISTS P.C.

MRN: _____

NAME: _____

BIRTHDATE: _____

Temporary Delegation of Parental Rights and Limited Power of Attorney For Consent to Medical Treatment of Your Child

Full Name of Minor: _____ Date of Birth: _____ (mm/dd/yyyy)

Known Allergies/Drug Sensitivities: _____

Known Medical Conditions: _____

Any Limitations to Delegation: _____

HMO/Insurance/Health Benefits and Physician Information:

Company/Government Program Name: _____ Member I.D.: _____

Minor's Primary Care Physician Name: _____ Phone: _____

Minor's Dentist Name: _____ Phone: _____

I/We are the parent(s) or legal guardian(s) of the above named minor. We appoint (in order of appearance):

Name: _____ Phone: _____

Address: _____ DL or State ID #: _____

Name: _____ Phone: _____

Address: _____ DL or State ID #: _____

To act on my/our behalf to consent to medical care for the above named minor during period(s) of my/our absence from _____ through _____. If no dates are indicated, consent is granted for one year from the date listed below. I understand this delegation includes receiving health information about the minor necessary to make health care decisions.

IN NO EVENT IS THIS DELEGATION OF PARENTAL RIGHTS EFFECTIVE FOR MORE THAN ONE YEAR FROM THE SIGNATURE DATE BELOW.

THIS FORM DOES NOT DELEGATE POWER TO CONSENT TO MARRIAGE OR ADOPTION.

This delegation of Parental Powers is given under MCLA § 700.5103. I/we have signed and delivered this document on the date(s) listed below.

INSTRUCTIONS TO PARENT(S)/LEGAL GUARDIAN(S):

*At least one parent or legal guardian must sign this form below.
The signature(s) should be witnessed.*

Parent/ Guardian

Printed name _____ Signature _____

Contact Phone _____ Date _____

Parent/ Guardian

Printed name _____ Signature _____

Contact Phone _____ Date _____

Signature Witnessed by:

Printed name _____ Contact Phone _____

Relationship to Patient _____

Signature _____ Date _____

FOR INTERNAL USE ONLY:

AE STAFF: Initial here after giving a copy of this signed form back to the parent: _____ (initial) OR

Initial here if the parent declines a copy: _____ (initial)

Guide to and Instructions for form:
Temporary Delegation of Parental Rights and Limited Power of Attorney
for Consent To Medical Treatment of Your Child

Are you planning a trip? Away for the day? Are your children in school?

- If your child needs non-emergency medical services, whether in a doctor's office or in the hospital, you as a parent must give permission.

What about times when you cannot be reached for permission?

- In an emergency, your child may be treated without your consent if a physician determines that your child needs immediate medical care and further delay would increase the risk to your child's life or health. In situations that are not emergencies, your child may need unexpected care. In these cases, contacting parents for permission can delay treatment and create unnecessary anxiety or discomfort for your child.

How can you prepare for the unexpected care your children might need when you are away?

- Make sure the person who is caring for your child knows how to reach you at all times.
- When you can't come with your children to medical appointments, or know you will be hard to reach, you may legally delegate your authority to give permission to other adults to authorize medical care for your children.

The form: Temporary Delegation of Parental Rights and Limited Power of Attorney for Consent to Treatment of Your Child, is a legal document. Under Michigan law, MCLA § 700.5103(2005):

- A parent or guardian of a minor or a guardian of a legally incapacitated adult may delegate to another person any of the parent's or guardian's powers regarding care, custody, or property of the minor child or ward, except the power to marriage or adoption of a minor ward or the release of a minor ward for adoption.
- The following applies only if a parent is not signing the form: if a legal guardian for a minor or legally incapacitated adult delegates any power under this law, the guardian must 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."

The form's purpose is to allow your child to receive necessary health care services when you, the parent or guardian, are unavailable to give written informed consent.

- Fill out this form carefully. With it, you may appoint relatives, friends, teachers, neighbors or anyone you know and trust who is legally competent and over 18 years of age to authorize treatment in your absence.
- After you complete the form, give it to the adults you have designated and explain its use. Make sure they know that they must take the form with them to the physician's office.
- The form will be entered into your child's medical chart so that is available to other providers and administrators with a need to know.

In order to be effective, the form must be signed by at least one parent and a witness.

The following additional guidelines are suggested to help ensure the form is used appropriately.

- Print neatly to ensure all information is legible. Use a blue or black ball point pen to ensure that information will not run, smear or smudge.
- Print the full name of the minor as written on the minor's birth certificate, insurance card and medical record.
- List all known allergies (e.g., medicines, insects, foods, etc.).
- Print all limitations to the general delegation of parental powers to consent to medical care. Ensure that the limitations are clear and specific. *Note: It is essential that you trust the person you are appointing to make the decisions you would make under similar circumstances.*
- Complete all blanks (e.g., if there are no known allergies, write "none"). Draw a line through any extra space at the end of each entry to ensure that nothing may be added at a later date.
- Have at least one (preferably both) parents sign the form and have a separate person – not the parent(s) – witness the signature.