

Delegation of Power by Parent and Medical Power of Attorney for Minor Child of _____

DECLARATION

I, _____, hereby sign this Delegation of Power by Parent and Medical Power of Attorney for Minor Child to ensure if at any time neither _____ nor I are available to care for a minor child of mine in an emergency, or at any other relevant time, any one of the individuals identified below is legally authorized to stand in my place as a parent and to care for a minor child of mine pursuant to the terms of this document. It is my express directive a minor child of mine does NOT go into the care of the police, the state, or a foster home if any of the below individuals is able and willing to act under this document.

CHILD INFORMATION

I have _____ minor child(ren) now living, namely:

- _____, who was born _____
- _____, who was born _____
- _____, who was born _____
- _____, who was born _____

Any child or children born to or adopted by me after the date of this document shall be treated as though they were named in this document; and in addition, any child over whom I may be granted legal guardianship shall be treated as a child of mine and as though they were named in this document unless his or her parent or legal guardian has a conflicting similar legal document.

DELEGATION

As such, I hereby authorize and appoint the following individuals:

- _____
- _____
- _____

- _____
- _____
- _____
- _____
- _____
- _____
- _____

each individually, as Attorney in Fact for me with full authority to act in my place as follows:

1. To perform any and all acts necessary for the day-to-day care, custody, education, recreation, and property of a minor child of mine, consistent with the provision of § 15-14-105 CRS; and
2. To authorize any and all medical and dental care for the health and well-being of a minor child of mine, consistent with the provision of § 15-14-105 CRS. This care includes, but is not limited to medical and dental exams and tests, x-rays, surgeries, anesthesia, and hospital care.

Each Attorney in Fact may act alone or may act jointly, as the case may be.

This Special Power of Attorney does not give the Attorney in Fact the power to consent to the marriage or adoption of a minor child of mine.

HIPAA PROTECTED HEALTH INFORMATION AUTHORIZATION

HIPAA PROTECTED HEALTH INFORMATION AUTHORIZATION: The Attorney in Fact acting under this instrument has current authority to make decisions for a minor child of mine related to the child’s health care. Accordingly, I confirm in connection therewith, the Attorney in Fact is a personal representative for all purposes relating to the protected health information of a minor child of mine, pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and regulations thereunder, in particular, 45 C.F.R. § 4.502(g)(3), and under Colorado state law, C.R.S. §§ 15-14-105 and -506(3). The Attorney in Fact under this instrument is hereby designated as a “Personal Representative” as defined by Public Law 104-191 and supporting CFRs, otherwise known as HIPAA. A “Personal Representative” may view the medical records of a minor child of mine, execute releases of confidential information from medical providers and insurers or other third parties, and shall be considered as a “personal representative” for health care

