

**POWER OF ATTORNEY FOR THE CARE OR MINOR CHILD
AND DURABLE HEALTHCARE POWER OF ATTORNEY**

I/We, _____ and

_____ ,

who is/are the sole or all of the custodial parents of the child(ren) named below, and residing at

_____ hereby appoint:

(1) Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

Relationship to Minor Child(ren): _____

And (optional) OR: in the event that _____ is not able or willing to act as guardian we hereby appoint:

(2) Name: _____

Address: _____

Home Phone: _____ Other Phone: _____

Relationship to Minor Child(ren): _____

to act as short-term guardian(s) over, and health care agents for, the following minor child(ren) pursuant to the terms set forth in this Appointment:

Name	Date of Birth	Current School

I/we have no other children, living or deceased

Authorization and Consent of Parent(s)

1. I affirm that the each of the minor(s) indicated above is/are my child and that I have legal custody of her/him.
2. **This appointment shall be effective immediately and shall continue until it is revoked by either parent in writing.**

3. This appointment will terminate upon the earlier to occur of (a) the revocation in writing of any parent, (b) as required by applicable law, or (c) by further court order. If a revocation or other document revoking this appointment is not on file with the third party relying on it, this appointment shall be considered to remain in full force and effect.

4. It is my/our intention that, if a court-appointed guardian is required for the child(ren), this document shall additionally serve as a nomination of the above listed short-term guardian(s) under California Probate Code Section 1502 et. seq., who I/we believe will act in the child(ren)'s best interest. If these nominations are inconsistent with any will, I/we have executed, it is my/our intention that these documents be read together if possible and otherwise that this document control unless it is terminated prior to my/our death. Until such legal guardianship is established, this short-term guardianship and power of attorney is intended to be of the person of the child(ren) only, not of their estate(s). It is my/our express intention that the child(ren) not be taken into government child protective custody or foster care, unless all other short-term guardian(s) are exhausted and even then I/we prefer that other relatives assume custody of the child(ren) unless otherwise specifically stated herein as follows: _____.

5. It is my/our intention that this document also qualify as a Caregiver's Authorization Affidavit under Section 6500 et seq. of the California Family Code, unless I/we have also attached or simultaneously executed a statutory Caregivers Authorization Affidavit, in which case that/those document(s) shall instead control with regard to caregiver authorization issues and the documents shall be read together as a harmonious whole wherever possible.

6. To the maximum extent permissible under applicable law and pursuant to Family Code §6910 the short-term guardian(s) will have the same authority as I/we would have with respect to the custody and care of the minor child(ren), except as I/we have specified below, including the right to perform the following acts and make the following decisions, unless I/we have crossed out and initialed the particular power or otherwise specifically excluded it in writing in this document or allowing such a power would invalidate this document, in which case only the offending provisions shall be deemed stricken and ineffective:
 - 6.1 To make all emergency and non-emergency healthcare decisions and execute all related documents including insurance and waiver claims and forms, including the right to approve or decline medical, dental, eye care, or psychiatric treatment, diagnostic tests, hospitalization, health care, and personal care, in any situation in which, as the result of illness, disease, absence, injury, or death I/we are incapable of making or communicating a decision with regard to my/our child(ren)'s medical or dental care, provided that such decisions are made following consultation with one or more licensed physicians or other licensed medical practitioners. I/we further delegate the power to our short-term

guardian(s) to select, employ, and discharge health care personnel, including dentists and eye care professionals, for our child(ren)'s benefit and to contract in my/our name and on my/our behalf for all health care services, including emergency and non-emergency medical, dental, vision, and psychiatric care services and related goods. The short-term guardian(s) should refer to any **Additional Information** we have attached to this document or left with the guardian(s).

- 6.2 To consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the minor child(ren) named in this form.
- 6.3 To make all decisions, execute all documents, and grant permission regarding the child(ren)'s education, including but not limited to school enrollment, school and extracurricular activities, school trips, and school conferences.
- 6.4 To generally do and perform all matters and to execute all documents.
- 6.5 To travel with the child(ren) without limitations unless stated below:
 - within a _____ - mile radius of;
 - within the city of _____ county of Ventura state of CA; or
 - other: _____
- 6.5 In the event that the child(ren) are nationals of another country, we authorize the guardian to work with governmental authorities including but not limited to embassies and consulate offices to have the child reunited with us in the country of our residence or the place where we are temporarily residing in the event of a deportation or removal by both parents and for this document to serve as the authorization by us for the guardian to travel with the child(ren).
- 6.6 We retain full parental rights and this Appointment shall not be considered a waiver, abandonment or other action having any impact on our parental rights.

7. Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") (Pub. L. 104-191), 45 CFR §§ 160-162, I/we are the Personal Representative of the minor child(ren) named above, and I/we appoint and designate the above named short-term guardian(s)/health care agents as their Personal Representative(s) for all purposes as provided in HIPAA, with the following limits, special conditions, or instructions:

8. I/we further appoint the short-term guardian(s) named herein as Authorized Recipients under HIPAA and the California Confidentiality of Medical Information Act ("CMIA"), entitled to request, receive, and review any information concerning the child(ren)'s physical or mental health, including all HIPAA and CMIA protected information and medical and hospital records from covered healthcare providers and to execute any releases or consents and pay any fees in connection therewith.

9. It is my/our intention that the short-terms guardian(s) serve without bond or compensation other than reimbursement of expenses incurred on the child(ren)'s behalf. I/we shall remain personally liable for the payment of all healthcare and education related expenses for the child(ren) to the same extent as if I/we had personally contracted for such services. No third party shall have any liability to me/us for reasonably relying on this document in good faith. If I/we have named two or more short-term guardians above, either may act in the absence of the other(s).

10. I/we have executed this appointment and power of attorney in front of a notary public. Those of the child(ren) named above who are 14 years of age or older may optionally also sign below to indicate their seconding of the nomination of court-appointed guardians.

CUSTODIAL PARENT(S)/GUARDIAN(S):

Sign: _____

Sign: _____

Printed Name: _____

Printed Name: _____

Date Signed: _____

Date Signed: _____

(OPTIONAL) NOMINATION OF PERSONS ABOVE AS GUARDIANS BY MINORS 14+

Sign: _____

Sign: _____

Printed Name: _____

Printed Name: _____

Date Signed: _____

Date Signed: _____

CONSENT OF SHORT-TERM GUARDIAN/CAREGIVER

I/we have read the foregoing and with full knowledge and awareness of the gravity of the duties delegated and assumed hereunder, I/we agree to assume full responsibility and to make decisions necessary for the well-being of the minor child(ren) named above who will be living with me/us during the short-term guardianship period in accordance with the best interests of the child and agree to surrender the child(ren) to the parent(s)/guardian(s) upon request at any time or as specified herein.

Sign: _____

Sign: _____

Printed Name: _____

Printed Name: _____

Date Signed: _____

Date Signed: _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF CALIFORNIA }
 }
COUNTY OF VENTURA }

On _____, before me, _____, Notary Public,
personally appeared

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Notary Public

