

## Appointment of Agent

I, \_\_\_\_\_, hereby appoint  
(Name and Relation to Child)

\_\_\_\_\_, of lawful age, as my agent and  
(Name of Appointee)

representative for the purpose of authorizing and consenting to hospital

and/ or medical care and treatment of \_\_\_\_\_  
(Name of Person to be Treated)

for any illness or injury that may occur while such person is in the care

or custody of the agent between the dates of \_\_\_\_\_, 20\_\_\_\_ and

\_\_\_\_\_, 20\_\_\_\_, while I am away on vacation or otherwise not

immediately present to give such consent.

**ALLERGIES:** \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Witness)

\_\_\_\_\_  
(Parent or Guardian)