

Letter of Medical Care Power of Attorney for Minor Child

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], the undersigned, residing at [Your Address], am the parent/legal guardian of the minor child, [Child's Full Name], born on [Child's Date of Birth], and I hereby appoint [Agent's Full Name] residing at [Agent's Address] as my true and lawful attorney-in-fact for the purpose of making medical decisions on behalf of my minor child.

This power of attorney shall empower my agent to:

- Make all medical decisions on behalf of my child, including but not limited to medical treatment, examination, and assessment.
- Authorize and consent to necessary medical procedures and treatments as deemed appropriate by medical professionals.
- Access my child's medical records as required for making informed decisions.

This authority is effective immediately and shall remain in effect until [End Date or Condition of Termination, if applicable].

In witness whereof, I have executed this power of attorney on [Execution Date].

Signature: _____

Printed Name: [Your Full Name]

Witnessed by:

1. Signature: _____ Name: [Witness 1 Name]

2. Signature: _____ Name: [Witness 2 Name]