

# Parent's or Guardian's Delegation of Powers by Power of Attorney for Minor Child

Pursuant to Section 15-14-105 of the Colorado Revised Statutes,

I/we, \_\_\_\_\_ and \_\_\_\_\_,

of \_\_\_\_\_, Colorado, being the parents and natural guardians of

\_\_\_\_\_ born \_\_\_\_\_,

\_\_\_\_\_ born \_\_\_\_\_, and

\_\_\_\_\_ born \_\_\_\_\_ (individually

referred to as the "Child" and collectively referred to as the "Children"), as principals, do

hereby appoint, \_\_\_\_\_ and \_\_\_\_\_,

both currently residing at \_\_\_\_\_,

as our agents and attorneys-in-fact for the purposes herein expressed. If more than one agent or attorney-in-fact is named, any one of them may act independently and to the exclusion of the other(s).

We make this health and care power of attorney freely and voluntarily, to make known our desire and intention that:

- If we are unable to give directions regarding the health and care of any of our Children, and direction regarding the additional matters set forth herein, that our agent and attorney-in-fact designated in this document shall have all of the authority herein granted; and
- This health and care power of attorney be honored by our families, any party who may have possession of our Children, our physician and any other healthcare providers, as the expression of the legal rights of our agent and attorney-in-fact to

make decisions concerning the health and personal care of any of our Children;  
and

- The power granted to our agent and attorney-in-fact shall include (but is not limited to) providing for and authorizing emergency medical or dental care for a Child in the absence of our ability to do so. We direct our agent and attorney to exercise this power particularly, but without limitation, in our absence from the city of our principal place of residence.
- In addition to the other powers granted by this document, we grant to our agent and attorney-in-fact the power and authority to serve as personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996 and its regulations (“HIPAA”) immediately upon my signing this document. Pursuant to HIPAA, we specifically authorize our agent and attorney-in-fact as our HIPAA personal representatives to request, receive and review any information regarding our Children’s physical or mental health, including, without limitation all HIPAA protected health information, medical and hospital records; to execute on their behalf any authorizations, releases or other documents that may be required in order to obtain this information; and to consent to the disclosure of this information. We further authorize our agent and attorney-in-fact to execute on our behalf any documents necessary or desirable to implement the health care decisions that our agent and attorney-in-fact is authorized to make under this document. By signing this instrument, we specifically empower and authorize our physician, hospital or health care provider to release any and all medical records to our agent and attorney-in-fact or our agent and attorney-in-fact’s designee. Further, we waive any liability to any physician, hospital or any health care provider who releases any and all medical records to our agent and attorney-in-fact and acknowledge that the health information that would otherwise be protected under HIPAA will no longer be protected or private.

In the case of emergency, we authorize our Children to be taken to the following Doctor(s) or medical facilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

or to any available physician. This authorization does not limit the treatment that may be deemed medically necessary by the pediatricians, healthcare providers, or hospitals, if any, designated above. Our Children have the following medical coverage: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_. Our Children have the following allergies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

We also make this health and care power of attorney to express our desire and intention that our agent and attorney-in-fact is authorized to act in our name, place, and stead, and on behalf of our Children to decide, take, and execute any or all of the following acts:

- Have access to any and all medical and related information and records;
- Disclose medical and related information to others;
- Employ and discharge medical and related personnel;
- Consent or refuse consent to medical care and emergency medical procedures;
- Consent or refuse to consent to psychiatric care including the right to voluntarily commit to a psychiatric care facility, if it becomes necessary;
- Provide appropriate relief from pain;
- Arrange for care and lodging in a hospital;

- Grant releases to healthcare professionals or institutions to assure that the wishes of the principal are fulfilled; and
- To take immediate physical custody and possession of the Child or Children who are the subject of this authorization in the absence of the ability of the principals to do so, and to provide for the care and physical custody thereof during such absence.

THIS instrument is to be construed and interpreted as a specific power of attorney relating to the health and care of our Children but our agent and attorney-in-fact has authority to do anything else which may be appropriate in specific circumstances to carry out the powers and the authority granted in this document.

Our agent shall be empowered by this delegation to exercise all such powers with respect to the above named Children until (initial one choice below):

\_\_\_\_\_ (date not to exceed nine months from the date of the signing of this power of attorney)

\_\_\_\_\_ Nine months from the date of the signing of this Power of Attorney.

THIS health and care power of attorney shall not terminate on disability of either or both parents.

Date \_\_\_\_\_

\_\_\_\_\_  
Father

\_\_\_\_\_  
Mother

STATE OF COLORADO )  
 ) ss.  
COUNTY OF \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_ and \_\_\_\_\_, as Principals.

[Seal]

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_