

Instructions for **DURABLE POWER OF ATTORNEY FOR MINOR CHILD**

Paragraph 1

Put in the name of the parent in the first blank. On the next blank, put in the name and address of the agent. The next blank can be used if the parent wants to list a back-up person. If there is no one else, just write "none." In the box, put in the child's full name and date of birth.

Paragraph 2 and Paragraph 3

Read carefully. Some information can only be released if specifically stated. Check all the boxes that are needed.

Paragraph 4

Select either (a) or (b). If the power of attorney is to start on a specific date, check (a) and fill in the date when the power of attorney begins. This can be the date the parent signs. Option (b) is for situations where the parent is still going to be caring for the child, but just wants to have something in place, in case of some unexpected problem, such as a parent being detained or deported.

Select either (c) or (d) or (e). If the power of attorney is to end on a specific date, check (c) and fill in the date when the power of attorney ends. Check Option (e) if there is no specific end date. Remember, this Power of Attorney can be revoked at any time by the parent.

Paragraph 5

The parent should not sign the form ahead of time. The parent must sign the form in front of a notary. The parent should have identification. Print the parent's name and address and fill in the date that the parent is signing. The notary will complete the rest of the information.

Important Notes:

The parent should inform and obtain the Agent's agreement before completing this power of attorney form. After the form is completed and signed and notarized, make copies for the school, child's doctor and other who will need to know including the Agent.

Remove the instruction sheet before making copies or giving the form out.

DURABLE POWER OF ATTORNEY FOR MINOR CHILD

1. *Naming of Agent*

I/We, _____, appoint the person listed below as my Agent for decisions about my minor child(ren). The person who shall act as Agent:

Name: _____

Address: _____

City/State/Zip: _____

Alternate Agent

If the Agent is not available, I appoint this person under the same terms:

Name: _____

Address: _____

City/State/Zip: _____

The child(ren) covered by this Power of Attorney are:

FULL NAME OF CHILD(REN)	DATE OF BIRTH

2. Powers of Agent

My Agent has the full power and authority to manage and conduct all of my affairs related to the child(ren) listed. But, it shall not be used to override my decisions. The power and authority of my Agent shall include, but not be limited to:

- Consent to and provide for all medical care;
- To have full access to all medical, psychological, agency, education, academic, or other records for the listed child(ren);
- To receive educational reports and participate in all activities at any school or child care provider to the same extent that I would;
- To apply for benefits and participate in programs offered by any government body, administrative agency, person, or other entity;
- To have custody and physical care, and all parental rights for the listed child(ren).

3. Authorization to Release Information

- I authorize any health care provider, health plan, laboratory, radiology center, pharmacy, insurance company, or other health clearinghouse, to release health information and medical records of the child(ren) to my Agent.
- This authorization includes health information and medical records of the child(ren) for any past, present or future medical or mental health conditions.

This authorization includes information on the subject(s) marked below:

- ☐ Substance Abuse (alcohol/drug abuse);
- ☐ Mental Health as defined by Iowa Code §228.1 (including psychological tests);
- ☐ HIV-Related Information (including AIDS-related tests); and/or
- ☐ Genetic-related information

- I can revoke this authorization at any time by written notice to any provider. I have a right to inspect the disclosed information at any time. Released information may be re-disclosed and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPPA).
- I give my Agent the authority to serve as the personal representative regarding the child(ren) for all purposes of HIPPA.
- I authorize my Agent to sign, on behalf of the child(ren), any papers needed to implement health care decisions.

4. Effective date and durability (Check all that apply.)

This Power of Attorney is effective (check one)

- ☐ a. starting on _____; or
☐ b. whenever I am unable or unavailable to make decisions or care for my minor child(ren) listed.

This Power of Attorney shall not be affected by my disability.

I may revoke this Power of Attorney by providing written notice to my Agent. If not revoked, it shall be effective (check one)

- ☐ c. until this date: _____; or
☐ d. at my child(ren)'s 18th birthday or age of majority; or
☐ e. at my death

THIRD PARTY LIABILITY: I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall not be liable for an error in judgment made in good faith, but shall only be liable for willful misconduct or breach of good faith.

5. Signatures

Signature/Date of Parent #1

Signature/Date of Parent #2
(if applicable)

Parents' printed names: _____

Address: _____

City/State/Zip: _____

STATE OF IOWA, COUNTY OF _____

This instrument signed and acknowledged before me on this _____ day
of _____, 20____, by _____
Full Name(s) of Parent(s)

NOTARY PUBLIC IN AND FOR
THE STATE OF IOWA