



**APPOINTMENT
OF
SHORT-TERM GUARDIAN FOR MINOR
CHILD(REN) AND DURABLE HEALTHCARE
POWER OF ATTORNEY**

I/We, _____

and _____

,constituting the sole or all of the custodial parent(s) or court-appointed guardian(s) of the
child(ren) named below, and residing at _____

_____ hereby appoint

(1) _____ residing at

_____, with

telephone number (s) _____ and

having the following relationship(s) to (me / us / the minor(s)): _____

_____ ; and

(option 2) _____, residing at

_____, with

telephone number (s) _____ and

having the following relationship(s) to (me /us /the minor(s)): _____

To serve as the short-term guardian(s) over, and health care agents for, the following minor child(ren) (If more space is needed here or elsewhere, attach additional sheets):

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

Full Name: _____ DOB: _____

and will become effective (check one):

- immediately;
- on _____, _____, 202__;
- upon the deaths, incapacity, or absence of all parents/guardians listed above; or
- the occurrence of the following triggering event(s):
_____, and will terminate upon the earlier to occur of
(a) the revocation in writing of any parent/guardian, (b) as required by applicable law, or
(c) (check one):
 - 60 days;
 - on the _____ day of _____, 202__ ; or
 - the occurrence of the following triggering event(s):
_____.

Additionally, 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 guardians 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 has 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 prefer that other relatives assume custody of the child(ren) unless this box is checked: .

It is my/our intention that this document also qualify as a caregiver authorization affidavit unless I/we have also attached or simultaneously executed a statutory Caregiver's 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.

To the maximum extent permissible under applicable law, 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:

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).

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.

To generally do and perform all matters and to execute all documents with respect to the custody and care of the child(ren) named herein.

To travel with the child(ren) without limitations unless stated below:

- within a _____ -mile radius of _____;
- within the city county/parish state lines of _____ only; or
- other (e.g., to/from the following places only): _____

Pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPPA”) (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 HIPPA, with the following limits, special conditions, or instructions: **None** or _____
_____. I/we further appoint the short-term guardian(s) named herein as Authorized Recipients under HIPPA and the Confidentiality of Medical Information Act (“CMIA”) of my state, entitled to request, receive, and review any information concerning the child(ren)’s physical or mental health, including all HIPPA 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.

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).

It is my/our intent and desire that, upon the first to occur of (i) my death, (ii) such time as I become incapacitated (as such term is defined for purposes of _____ guardianship law), or (iii) such time as I am otherwise unavailable to care for my child and consent in writing, before two witnesses, to the appointment of a legal guardian, _____ (or, if he/she is unable to serve, _____) be appointed to serve as the guardian of my child’s person, without bond, by the Court having appropriate jurisdiction.

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: _____

Print Name: _____

Print Name: _____

Date Signed: _____

Date Signed: _____

WITNESSES:

Sign: _____

Sign: _____

Print Name: _____

Print Name: _____

Date Signed: _____

Date Signed: _____

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

Sign: _____

Sign: _____

Print Name: _____

Print Name: _____

Date Signed: _____

Date Signed: _____

ACCEPTANCE OF DESIGNATION AS GUARDIAN FOR MINOR CHILD

I, _____, hereby acknowledge that I have been designated to serve as the Guardian of the person and property of _____ by his/her mother/father, _____, pursuant to the foregoing Power of Attorney and Designation of Temporary Guardian for Minor Child.

I hereby accept said designation as the Guardian of the person and property of _____ and agree to begin serving in such capacity at any time _____ is available to exercise the authority provided for therein.

In addition, upon the first to occur of
(i) the death of _____,
(ii) such time as _____ becomes incapacitated (as such term is defined for purposes of _____ guardianship law), or
(iii) such time as _____ is otherwise unavailable to care for _____ and consents in writing, before two witnesses, to the appointment of a legal guardian, I agree to serve as the legal Guardian of the person and property of _____.

WITNESS:

Sign:

Sign:

Print Name:

Print 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 _____)
County of _____)

On _____ before me, _____, Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature

(Seal)

My Commission Expires: _____

REVOCATION OF SHORT-TERM GUARDIANSHIP

I/We, _____ hereby revoke the Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney dated the ____ day of _____, 202____ ; or any and all Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney forms with regard to:

- all minor child(ren) listed therein, or
 the following named minor child(ren) only: _____

previously executed by me/us, effective as of:

- immediately;
 the ____ day of _____, 202____ ; or

the occurrence of the following event(s) or condition(s), which were not previously specified in the Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney dated the _____ day of _____, 202____.

CUSTODIAL PARENT(S)/GUARDIAN(S):

Sign: _____ Sign: _____

Print Name: _____ Print Name: _____

Date Signed: _____ Date Signed: _____

After signing, provide copies of this Revocation to the short-term guardian(s) whose power are being terminated and to any third parties known to be relying on the short-term guardian(s)'s powers immediately.

ADDITIONAL INFORMATION

Child: _____

Nickname(s): _____

Date of birth / / and last Tetanus Booster / / for the above named child.

The above named child has the following known medical conditions or problems: _____

The above named child is currently prescribed the following prescriptions medications at the following frequencies: _____

and other instructions:

Family Physician:

Phone Number:

Names of Parents/Guardians:

Address:

City/State/Zip:

Phone: (H)

; (W)

; (Other)

Person Responsible for charges:

Address:

City/State/Zip:

Phone: (H) _____ ; (W) _____ ; (Other) _____

Other Person to notify if parent/guardian is unavailable:

Phone: (H) _____ ; (W) _____ ; (Other) _____

Insurance Company:

Policy or Group Number:

Signature of Financial Guarantor (required if different from parent/guardian):

Date:

Print and complete one sheet per child

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