

MEDICAL TREATMENT AUTHORIZATION

TO: All Medical Personnel and Health Care Institutions,

Please be advised that I am the parent and legal guardian of _____ and in the event that my daughter requires any form of medical treatment, including surgery, and I am not available to authorize such treatment, I do hereby designate and appoint _____ or _____ to act as my representative and agent, and the representative of my daughter for purposes of making all decisions with regard to the medical treatment of my said daughter.

In addition, I do hereby ratify and confirm all decisions made by _____ or _____ pursuant to this authorization, and all medical personnel and health care institutions shall be fully protected in relying upon and acting in accordance with the instructions of _____ or _____ pursuant to this authorization.

This authorization shall be effective immediately and shall continue in full force and effect until any medical personnel or health care institutions acting in reliance upon the same are notified of its termination in writing.

Legal Guardian's Signature

COMMONWEALTH OF VIRGINIA
CITY OF _____, to wit:

The foregoing instrument was acknowledged before me, a Notary Public, in and for the City and State aforesaid, this _____ day of _____.

Notary Public

My commission expires: _____