



**MEDICAL POWER OF ATTORNEY**  
**(DELEGATION OF POWERS BY LEGALLY**  
**AUTHORIZED REPRESENTATIVE OF A MINOR**  
**OR INCAPACITATED ADULT)**

Apply Patient Label

I am the legally authorized representative of the minor or incapacitated adult named below ("patient") and hereby execute this power of attorney (a/k/a delegation of powers) to the designated agent(s) listed below to make all decisions that I am otherwise empowered to make on matters relating to the health care of the patient. This delegation is given because I may be disabled, incapacitated or otherwise unavailable when such consents are needed. This delegation is not affected by my subsequent disability or incapacity. I acknowledge that I am responsible for all charges for care and treatment provided to the patient under this delegation.

This power of attorney shall remain in effect for six (6) months, or one (1) year if I am an active-duty member of the military, from the date my signature is notarized and shall be valid for all who rely upon it unless or until given written notice of revocation or this document expires.

\_\_\_\_\_  
Print Full Legal Name of Patient

\_\_\_\_\_  
Patient's Date of Birth

\_\_\_\_\_  
Print Full Legal Name(s) of Designated Agent #1

\_\_\_\_\_  
Print Full Legal Name(s) of Designated Agent #2

\_\_\_\_\_  
Address of Designated Agent

\_\_\_\_\_  
Address of Designated Agent

\_\_\_\_\_  
Telephone Number(s) of Designated Agent

\_\_\_\_\_  
Telephone Number(s) of Designated Agent

As the legally authorized representative of the patient, I agree to give the following powers to the Designated Agent(s):

**Check only one:**

- ☐ I delegate, without limitation, all parental responsibilities I might perform myself, including giving or refusing consent to any medical treatment, x-ray examination, anesthetic, medical or surgical diagnosis and treatment, hospital admission and discharge, access to medical records, and other matters relating to the health care needs of the patient.
- ☐ I delegate only the specific parental responsibilities named as follows: \_\_\_\_\_

I sign my name to this power of attorney, and being first duly sworn, do declare to the undersigned authority that I sign and execute this instrument as a power of attorney and that I sign it willingly, or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes expressed in the power of attorney and that I am the parent or legally authorized representative of the patient, of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
Signature of Legally Authorized Representative(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Legally Authorized Representative(s)

\_\_\_\_\_  
Relationship to Patient





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**For Witness:**

I, the witness, sign my name to the foregoing power of attorney and declare to the undersigned authority that the legally authorized representative signs and executes this instrument as his/her power of attorney and that s/he signs it willingly, and to the best of my knowledge s/he is of sound mind and under no constraint or undue influence.

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

(Note: Witness may not be the designated agent, the designated agent's spouse or child, a person related to the parent or guardian by blood, marriage or adoption, the patient's health care decision maker, the notary public, or a person directly involved in the provision of health care to the child at the time of signing.)

**Notarization:**

State of Arizona

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
(print name of signer/Legally Authorized Representative), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that s/he signed the above/attached document willfully.

My commission expires on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

# Medical Power of Attorney (MPOA) for Treatment of Minor Patient

Why Your Child Should Have a Medical Power of Attorney (Delegation of Powers by Legally Authorized Representative of a Minor or Incapacitated Adult):

## Why is it important to fill out a Medical Power of Attorney form for the medical treatment of my child?

Parents are not always available to take their children to their medical appointments, for example if they are on vacation or are at work. Phoenix Children's cannot legally provide non-emergency care to a minor patient (under age 18) if a parent or legal guardian is not present unless a parent has granted permission. You can also limit the purpose to something very specific (for example: to take a child on vacation, to authorize specific medical treatment, etc.)

## What is the purpose of the MPOA?

PCH's MPOA Form is designed to accomplish one or more of the following as specified by the parent(s) and/or legal guardian(s):

- Authorize direct patient care for a child by Phoenix Children's if a parent or legal guardian is not present.
- Appoint a designated agent to authorize care and treatment for a minor patient.
- Authorize the disclosure of the minor's protected health information to the designated agent, which may be needed to make decisions as delegated on the form.

The parent(s) or legal guardian(s) can appoint more than one person to act as the designated agent in their absence.

## Who can complete the MPOA form?

The parent must sign the completed MPOA in front of a notary public and another witness. The witness must also sign. A photo ID for the parent/LAR and witness are required by the Notary. Notarize at least two copies of the MPOA; One for each of the designated agent (s) and the other for the parent granting the power. Make several copies of the MPOA since you will probably have to give a copy to each person or organization that you need to deal with on behalf of the child. Show them the original and give them the copy. Keep the original in a safe place.

## Can my child's stepparent give permission for medical care if a MPOA form has not been signed?

No. Stepparents are not considered legal guardians. If a MPOA form has not been signed, we must contact a parent or legal guardian before providing non-emergency care.



## **If I have not signed a MPOA form, can my child receive emergency care?**

Yes. A healthcare provider may legally treat a minor without parental consent in a medical emergency. The healthcare provider will use his or her judgment to determine if the child requires emergency care.

## **I have more than one child. Do I have to fill out more than one MPOA form?**

Yes. A separate MPOA form must be completed and signed for each child.

## **How long is the MPOA form valid?**

The parent (s) and/or legal guardian(s) can determine the length the MPOA form is valid, however, it cannot exceed six (6) months or one (1) year if the Parent/LAR is an active duty member of the military. After the form has expired, a new form must be signed and returned to Phoenix Children's. Arizona Revised Statutes section 14-5104 essentially allows a parent to designate a person to make decisions on the parent's behalf regarding the minor child.

## **Can I withdraw (revoke) the MPOA at any time, even before the expiration date?**

Yes. The parent(s) and/or legal guardian(s) can revoke the Medical Power of Attorney at any time by sending a written notice to:

Manager of Health Information  
Phoenix Children's  
1919 East Thomas Road  
Phoenix, AZ 85016  
(602) 933-1490

## **Who do I contact if I have questions?**

For more information, please call:

Manager of Patient Access  
Phoenix Children's  
1919 East Thomas Road  
Phoenix, AZ 85016  
(602) 933-1199 or (602-933-1911)