

**POWER OF ATTORNEY FOR MEDICAL CARE OF MINOR**



• The undersigned \_\_\_\_\_ whose residence is located in \_\_\_\_\_ of the following minor \_\_\_\_\_ years old; whose date of birth is (Month Day and Year) \_\_\_\_\_ and whose NUID number is \_\_\_\_\_

- Such minor is not a ward of the state.
- Pursuant to Nebraska Probate Code § 30-2604, the undersigned hereby delegates to such minor, all powers delegable under Nebraska Probate Code § 30-2604, regarding the parent's/guardian's power to consent to such minor's own health care and medical treatment.
- This delegation shall have precedence over any other delegation of such powers.
- This delegation commences as of the date below and terminates upon the nineteenth (19th) birth date of the minor listed above.
- This Power of Attorney shall not be affected by the disability of the undersigned and shall remain in effect, notwithstanding the later disability or incapacity of the undersigned or the later uncertainty as to whether the undersigned may be dead or alive.

**Do not fill out the bottom portion until you are in the presence of a notary with a physical ID.**

DATED THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, a Notary Public, personally came \_\_\_\_\_, known to be the identical person who signed the foregoing instrument and such person acknowledged the execution thereof to be such person's voluntary act and deed.

Witness my hand and notarial seal on, \_\_\_\_\_, 20\_\_\_\_\_

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