



UNIVERSITY OF NEBRASKA KEARNEY

POWER OF ATTORNEY FOR MEDICAL CARE OF MINOR

- The undersigned (parent/legal guardian) _____
whose residence is located in (City, State) _____ does hereby
state that the undersigned is a parent/guardian of the following minor: _____,
who is eighteen (18) years old; whose date of birth is (Month, Day, and Year) _____.
- 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.

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 _____

COPY IS AS VALID AS ORIGINAL- POWER OF ATTORNEY FOR MEDICAL CARE OF MINOR