



Law prohibits hospitals from providing any type of medical care beyond lifesaving treatment to ill or injured children without parental consent.

The Anne Arundel Medical Center Power of Attorney enables relatives or friends to consent to your child's emergency medical care when you are away.

Anne Arundel Medical Center recommends you leave this form with the adult who cares for your child in your absence.

	Fre	om	
	(Full Name(s) of Pa	rent(s) or Guardian)	-
	Т	Ço	
	(Name of Adult Res	sponsible for Child)	-
T17 (T)			
We (I)		rent(s) or Guardian)	-
_			
of	(Residential A	ddress in Full)	-
de heneby enneint			
do nereby appoint	(Name of Adult Res	sponsible for Child)	-
		est interest of the health and welfare of Children)	f our child
either of us, may for an medical diagnosis or tr This power of attorney	y reason not be eatment, includi shall not be affe	e during such period of time as we, or available to give our consent to any ing surgery, for our child (or children) ected by the disability of either or both and effect during any such disability.).
Executed thisWITNESS:	day of	, 20	
		(Signature of Parent or Guardian)	
(Name and Address of Witness)		(Signature of Parent or Guardian)	
(Name and Address of Witness)			

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