Creighton UNIVERSITY
Division of Student Life
Student Health Education and Compliance

CHI Health Clinic

POWER OF ATTORNEY FOR MEDICAL CARE OF MINOR

The undersigned_____whose residence is located in

_____(City, State) does hereby state that the undersigned is a parent/guardian of the

following minor:_____, whose date of birth is _____ (Month/Day/Year)

and whose Creighton Net ID 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, including mental health counseling services.
- This delegation shall have precedence over any other delegation of such powers.
- This delegation commences as to the date below and terminates:

  (check one)

  ___ if such minor is at least eighteen (18) years old at the date hereof, then this Power of Attorney shall expire the day before the first anniversary of the execution of the Power of Attorney; or

  ___ if such minor is not at least eighteen (18) years old at the date hereof, then this Power of Attorney shall expire One hundred and eighty two days from the execution of this Power of Attorney.

- 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 uncertainity 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 and deed,

Witness my hand and notarila seal on,_____, 20 ___

Notary Public _____

COPY IS AS VALID AS ORIGINAL