

# MEDICAL RELEASE

Specific durable power of attorney delegating rights to consent to medical, surgical, and dental treatment.

I \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
(Address, city, and state of person delegating rights)

appoint \_\_\_\_\_ of \_\_\_\_\_

\_\_\_\_\_  
(Address, city, and state of person accepting rights)

as my attorney-in-fact for the purpose of exercising my rights to consent to emergency and non-emergency medical, surgical, and dental care should I become unable to do so. This delegation of rights shall be effective

beginning \_\_\_\_\_ and ending \_\_\_\_\_  
date (month/day/year) date (month/day/year)

\_\_\_\_\_  
(signature of person delegating rights)

\_\_\_\_\_  
date (month/day/year)

\_\_\_\_\_  
(signature of Notary Public)

\_\_\_\_\_  
date (month/day/year)

Allergies: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case of emergency, please call:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Change Log

Revision #	Date	Description	Author
0	4/1/2021	Released	Mission Team