

CONSENT TO DELEGATION
OF AUTHORITY TO CONSENT TO HEALTH CARE

We, _____ **and** _____, do hereby delegate to _____ or _____ our authority to consent to health care for our _____ () child[ren], _____, _____ and _____ ("Our Child[ren]"), during the time period of _____, ____ to _____, _____, and in support of our right to do so, we state the following:

1. We are the parents of Our Child[ren].
2. No guardian has been judicially appointed for Our Child[ren].
3. There has been no representative appointed under I.C. 16-36-1-7 to act on behalf of Our Child[ren] in regard to health care decisions.
4. Our Child[ren] [is]are all minors and they:
 - (a). are not emancipated;
 - (b). are dependent on their parents for support, are not living apart from their parents or from an individual *in loco parentis* and are not managing their own affairs;
 - (c). have never been married and are not now married;
 - (d). are not in the military service of the United States; and
 - (e). are not authorized to consent to health care under any other statute.
5. We will not be reasonably available to exercise the authority which we have to consent to health care for Our Child[ren] while we are out of the state of Indiana.

This delegation shall remain in full force and effect until _____, _____, unless revoked by oral or written notification from us to the delegates named herein, or to the health care provider then concerned with the situation.

_____, Father

_____, Mother

Witness

Witness