APPOINTMENT OF
SHORT-TERM GUARDIAN FOR MINOR CHILD(REN) AND
DURABLE HEALTHCARE POWER OF ATTORNEY

I/We,_____and

_____,

constituting the sole or all of the custodial ☐ parent(s) or ☐ court-appointed guardian(s) of the

child(ren) named below, and residing at _____

_____hereby appoint

(1) _____, residing at

_____, with

telephone number(s)_____and

having the following relationship(s) to ☐ me ☐ us ☐ the minor(s):_____

_____; and

(optional) (2)_____, residing at

_____, with

telephone number(s)_____and

having the following relationship(s) to ☐ me ☐ us ☐ the minor(s):_____

_____,

to serve as the short-term guardian(s) over, and health care agents for, the following minor child(ren) (If more space is needed here or elsewhere, attach additional sheets):

Full name:_____DOB:_____

Full name:_____DOB:_____

Full name:_____DOB:_____

and will become effective (check one):

☐ immediately;
☐ on_____,_____, 201__;
☐ upon the deaths, incapacity, or absence of all parents/guardians listed above; or
☐ the occurrence of the following triggering event(s):_____
_____
_____,

and will terminate upon the earlier to occur of (a) the revocation in writing of any parent/guardian, (b) as required by applicable law, or (c) (check one):

☐ 60 days;
☐ on the_____day of ,_____, 201___; or
☐ the occurrence of the following triggering event(s):_____
_____
_____..

Additionally it is my/our intention that, if a court-appointed guardian is required for the child(ren), this document shall additionally serve as a nomination of the above listed short-term guardians under Probate Code Section 1502 et seq., who I/we believe will act in the child(ren)'s best interest. If these nominations are inconsistent with any will I/we have executed, it is my/our intention that these documents be read together if possible and otherwise that this document control unless it has terminated prior to my/our death. Until such legal guardianship is established, this short-term guardianship and power of attorney is intended to be of the person of the child(ren) only, not of their estate(s). It is my/our express intention that the child(ren) not be taken into government child protective custody or foster care, unless all other short-term guardian(s) are exhausted and even then I prefer that other relatives assume custody of the child(ren) unless this box is checked: ☐.

It is my/our intention that this document also qualify as a caregiver authorization affidavit under Section 6550 et seq. of the California Family Code, unless I/we have also attached or simultaneously executed a statutory Caregiver's Authorization Affidavit, in which case that/those document(s) shall instead control with regard to caregiver authorization issues and the documents shall be read together as a harmonious whole wherever possible.

To the maximum extent permissible under applicable law, the short-term guardian(s) will have the same authority as I/we would have with respect to the custody and care of the minor child(ren), except as I/we have specified below, including the right to perform the following acts and make the following decisions, unless I/we have crossed out and initialed the particular power or otherwise specifically excluded it in writing in this document or allowing such a power would invalidate this document, in which case only the offending provisions shall be deemed stricken and ineffective:

To make all emergency and non-emergency healthcare decisions and execute all related documents including insurance and waiver claims and forms, including the right to approve or decline medical, dental, eye care, or psychiatric treatment, diagnostic tests, hospitalization, health care, and personal care, in any situation in which, as the result of illness, disease, absence, injury, or death I/we are incapable of making or communicating a decision with regard to my/our child(ren)'s medical or dental care, provided that such decisions are made following consultation with one or more licensed physicians or other licensed medical practitioners. I/we further delegate the power to our short-term guardian(s) to select, employ, and discharge health care personnel, including dentists and eye care professionals, for our child(ren)'s benefit and to contract in my/our name and on my/our behalf for all health care services, including emergency and non-emergency medical, dental, vision, and psychiatric care services and related goods. The short-term guardian(s) should refer to any Additional Information we have attached to this document or left with the guardian(s).

To make all decisions, execute all documents, and grant permission regarding the child(ren)'s education, including but not limited to school enrollment, school and extracurricular activities, school trips, and school conferences.

To generally do and perform all matters and to execute all documents with respect to the custody and care of the child(ren) named herein.

To travel with the child(ren) without limitations unless stated below:

☐ within a_____-mile radius of ;
☐ within the ☐ city ☐ county/parish ☐ state lines of_____only; or
☐ other (e.g., to/from the following places only):_____
_____
_____.

Pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPPA") (Pub. L. 104-191), 45 CFR §§ 160-162, I/we are the Personal Representative of the minor child(ren) named above, and I/we appoint and designate the above named short-term guardian(s)/health care agents as their Personal Representative(s) for all purposes as provided in HIPPA, with the following limits, special conditions, or instructions: **None** or ☐ _____
_____
_____. I/we further appoint the short-term guardian(s) named herein as Authorized Recipients under HIPPA and the California Confidentiality of Medical Information Act ("CMIA"), entitled to request, receive, and review any information concerning the child(ren)'s physical or mental health, including all HIPPA and CMIA protected information and medical and hospital records from covered healthcare providers and to execute any releases or consents and pay any fees in connection therewith.

It is my/our intention that the short-terms guardian(s) serve without bond or compensation other than reimbursement of expenses incurred on the child(ren)'s behalf. I/we shall remain personally liable for the payment of all healthcare and education related expenses for the child(ren) to the same extent as if I/we had personally contracted for such services. No third party shall have any liability to me/us for reasonably relying on this document in good faith. If I/we have named two or more short-term guardians above, either may act in the absence of the other(s).

I/We have executed this appointment and power of attorney in front of a notary public. Those of the child(ren) named above who are 14 years of age or older may optionally also sign below to indicate their seconding of the nomination of court-appointed guardians.

CUSTODIAL PARENT(S)/GUARDIAN(S):

Sign:_____ Sign:_____

Print Name:_____ Print Name:_____

Date Signed:_____ Date Signed:_____

(OPTIONAL) NOMINATION OF PERSONS ABOVE AS GUARDIANS BY MINORS 14+:

Sign:_____ Sign:_____

Print Name:_____ Print Name:_____

Date Signed:_____ Date Signed:_____

CONSENT OF SHORT-TERM GUARDIANS:

I/We have read the foregoing and with full knowledge and awareness of the gravity of the duties delegated and assumed hereunder, I/we agree to assume full responsibility and to make decisions

necessary for the well being of the minor child(ren) named above who will be living with me/us during the short-term guardianship period in accordance with the best interests of the child and agree to surrender the child(ren) to the parent(s)/guardian(s) upon request at any time or as specified herein.

Sign:_____ Sign:_____

Print Name:_____ Print Name:_____

Date Signed:_____ Date Signed:_____

State of California)

County of_____)

On_____before me,_____, Notary Public, personally appeared_____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY of PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature_____ (Seal)

REVOCATION OF SHORT-TERM GUARDIANSHIP

I/We,_____hereby

revoke

☐ the Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare

Power of Attorney dated the_____day of_____, 201___; or

☐ any and all Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney forms

with regard to

☐ all minor child(ren) listed therein, or

☐ the following named minor child(ren) only:_____

previously executed by me/us, effective as of

☐ immediately;

☐ the_____day of_____, 201___; or

☐ the occurrence of the following event(s) or condition(s), which were not previously specified in the Appointment of Short-Term Guardian for Minor Child(ren) and Durable Healthcare Power of Attorney dated the_____day of_____, 201___

CUSTODIAL PARENT(S)/GUARDIAN(S):

Sign:_____ Sign:_____

Print Name:_____ Print Name:_____

Date Signed:_____ Date Signed:_____

After signing, provide copies of this Revocation to the short-term guardian(s) whose power are being terminated and to any third parties known to be relying on the short-term guardian(s)'s powers immediately.

ADDITIONAL INFORMATION

Child:_____ Nickname(s):_____

Date of birth___/___/___and last Tetanus Booster___/___/___for the above named child.

The following is a list of known allergies and allergies to medications of the above named child:

_____

_____

The above named child has the following known medical conditions or problems:

_____

_____

The above named child is currently prescribed the following prescriptions medications at the following frequencies and other instructions:_____

_____

Family Physician:_____ Phone Number:_____

Names of Parents/Guardians:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Person Responsible for charges:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Other Person to notify if parent/guardian is unavailable:_____

Phone: (H)_____; (W)_____; (Other)_____

Insurance Company:_____ Policy or Group Number:_____

Signature of Financial Guarantor (required if different from parent/guardian):_____

Date:_____ Print and complete one sheet per child

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City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Person Responsible for charges:_____

Address:_____

City/State/Zip:_____

Phone: (H)_____; (W)_____; (Other)_____

Other Person to notify if parent/guardian is unavailable:_____

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Date:_____ Print and complete one sheet per child