DELEGATED AUTHORITY TO CONSENT
ON BEHALF OF MINOR

Pursuant to IC 16-36-1-6, an individual authorized to consent to the health care for another under IC 16-36-1-5 may delegate the authority to consent.

I, ______________________________________, as _____________________ of
(Name of Delegate) (Relationship to Minor)
__________________________________________, a minor child under the age of eighteen (18) years, do hereby delegate to, ______________________________________, authority to consent to all health care
(Minor’s name) (Name of Delegtee)
(including but not limited to diagnostic tests, x-rays, physical examinations, routine medical tests, injection, hospitalization, anesthesia, procedures, surgery, toxicology screens and blood tests for communicable conditions) to be rendered to the above-named Minor under the general or special supervision and on the advice of any physician or health care provider licensed by the State of Indiana. This authority is delegated due to my unavailability to exercise the authority in person. I understand that the my Delegatee named above may not delegate the authority granted hereunder to any another individual without me expressly stating so in writing. This Delegation of Authority to Consent to Health Care on behalf of the above-named Minor will commence on ______________________, 20____, and shall remain in effect until revoked by me upon written or oral notice to all health care providers relying hereon.

Dated this the _____ day of ______________________, 20____.

________________________________
Signature of Authorized Delegate

________________________________
Signature of Adult Witness