



The Law Office of
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DURABLE SPECIAL POWER OF ATTORNEY FOR MEDICAL SERVICES QUESTIONNAIRE

ATTORNEY WORK PRODUCT/ ATTORNEY-CLIENT PRIVILEGED INFORMATION

Full Legal Name: _____

Other Parent or Legal Guardian's Full Legal Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell: _____ Other: _____ Fax: _____

E-Mail: _____ DOB: _____

A Durable Special Power of Attorney for Medical Services ensures your child will get sufficient medical care when you are not present, such as when you leave your child with friends, relatives, neighbors, or babysitters for any regular or extended time periods. It is a written consent to authorize medical care for your minor child. I am not recommending any particular choices in this questionnaire. Before answering these questions, you should take the time to think about who you would like to have the authority to treat your child. Also, keep in mind you cannot name someone who is under 18 years of age. If you have any questions regarding these questions, please leave the question blank and we will discuss the item further. Otherwise, please indicate your desires in this questionnaire and return it so that your power of attorney can be drafted for your review.

Full names and birth dates of all children (Include children from current and prior marriages/relationships):

_____	_____
_____	_____
_____	_____
_____	_____

Attorney-in-Fact name, address, and birth date (Persons who will be legally authorized to treat your children):

First Choice: _____

Alternate: _____

Please indicate if you will be having your power of attorney signed in front of a notary ***(It is not legally required in the State of Arizona to have this type of power of attorney notarized. That being said, many people may not understand the laws and may question the validity of your power of attorney because it is not notarized. Because of this, I always recommend it be notarized if possible to avoid potential problems. Ultimately, it is your decision on this.)***

_____ Yes (I will be signing in front of a notary)

_____ No (I will just be signing)

List any special medical problems of child(ren), including allergies ***(List child's name and description of medical problem(s)):***

After your power of attorney is prepared, please review it prior to signing to ensure it is consistent with your wishes. If it is not, contact me and we can correct any inaccuracies. If you elected to get your power of attorney notarized, do not sign it until a Notary Public is present to watch you sign it. It should be signed by both parents or legal guardians. Then, it is critical that you talk about the document and your wishes with your attorney-in-fact. An agent needs to know what your feelings are and what medical treatment facilities are preferred in order to act on your behalf. You should give your attorney-in-fact the original power of attorney. You may also want to give a copy to your child's physician. If you ever want to revoke a medical power of attorney, the easiest way is to have it returned to you and destroy it. You should also notify any physicians or third parties who may have a copy of it or relied on it that you are revoking it. You may also wish to draft a formal Revocation form to provide to your attorney-in-fact and/or third parties.

Additional specific requests or instructions for me: _____
