

**Limited Power of Attorney to Make Emergency Health Care Decisions for My Minor Child
Effective Only if No parent or Legal Guardian is Readily Available**

1. POWER OF ATTORNEY

I, _____ {*name of parent or legal guardian*} (hereinafter called parent), domiciled and residing in _____ {Country}, designate _____ {*name(s) of Attorney-in-Fact*} as my Attorney(s)-in-Fact to make health care decisions for my child _____ {*name of Child*} (hereinafter called Child) over whom I have legal custody and guardianship. This limited power of attorney is effective if my Child's parent or legal guardian is not readily available and authorized to give consent or until my Child reaches the age of 18, or ceases to have an active SEVIS record with Seattle Central College. The appointment of the Attorney-in-Fact is made pursuant to RCW 11.94.010(4).

In case my Child requires health care treatment, the Attorney-in-Fact shall have the power to do the following:

- (a) Arrange for suitable, transport, hospital or in-patient treatment;
- (b) Make emergency determinations regarding the appropriate health care for my Child, including but not limited to dealing with attending physicians and determining, in the judgment of the Attorney-in-Fact, which course of treatment is necessary or desirable, and approving follow-up care. Common examples of emergencies as defined in this document include injuries resulting from a serious car accident, unconsciousness, or other situation causing serious physical or mental trauma. Non-emergencies include visits to the doctor for elective medical procedures, routine doctor's visits, and any other situation or condition where urgency is not evident to the Attorney-In-Fact. In all cases, the Attorney-In-Fact will be the sole determiner as to whether or not a particular situation or condition rises to the level of an emergency;
- (c) Review and/or order the medical records of my Child.

2. POWERS NOT SPECIFICALLY ENUMERATED

The Attorney-in-Fact shall also have all powers which may be necessary or desirable to provide for the personal and health care decision making of my Child even if these powers are not specifically set forth in this document.

3. DURATION

This Durable Power of Attorney shall become effective upon signing, and shall remain in effect to the extent permitted by Washington State law and until revoked or terminated, or until my Child reaches the age of 18, or ceases to have an active SEVIS record with Seattle Central College, whichever occurs first.

4. REVOCATION

This Durable Power of Attorney may be revoked, suspended or terminated in the following ways:

- (a) If the parent gives written notice to any acting Attorney-in-Fact.

5. TERMINATION OF THIS DOCUMENT

(a) The death of parent shall revoke this Power of Attorney, unless there is any question regarding whether the parent is alive. If there is any doubt as to whether the parent is alive, the provisions of Sections 1 and 2 above shall apply.

6. RELIANCE

All persons dealing with the Attorney-in-Fact because of this document shall be entitled to rely upon this Power of Attorney, so long as neither the Attorney-in-Fact, nor any person with whom the Attorney-in-Fact was dealing, had received actual knowledge or notice of any revocation, suspension, or termination of this document. Any action taken in good faith by all parties shall be binding on the heirs and Personal Representative(s) of the parent.

7. INDEMNITY

The Attorney-in-Fact, shall not have any personal liability for any acts done by virtue of this Power of Attorney, so long as the acts are done in good faith. The parent shall defend, hold harmless and indemnify the Attorneys-in-Fact from all liability for acts done in good faith by the Attorney-in-Fact.

8. APPLICABLE LAW

The laws of the state of Washington shall govern this Power of Attorney. It is the intention of the parent that this document be valid in all states and territories of the United States. If any provision in this document is held invalid or inconsistent with the laws of parent’s residence, then the inconsistent or invalid part shall be deleted and disregarded, and the remaining parts shall not be affected.

9. EXECUTION AND DATE OF SIGNING

This Power of Attorney is signed in original the day and year indicated below and is to become effective immediately.

I declare under penalty of perjury of the laws of the state of Washington that foregoing is correct.

Date (MM/DD/YY): _____

At _____ (city) _____ (country)

by [Printed Name] _____ [Signature] _____