

# POWER OF ATTORNEY FOR CHILD CARE (MEDICAL/DENTAL)

**PREAMBLE:** This is a MILITARY POWER OF ATTORNEY prepared pursuant to Title 10 United States Code, Section 1044b, and executed by a person authorized to receive legal assistance from the military services. Federal law exempts this power of attorney from any requirement of form, substance, formality, or recording that is prescribed for powers of attorney by the laws of a state, the District of Columbia, or a territory, commonwealth, or possession of the United States. Federal law specifies that this power of attorney shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of the jurisdiction where it is presented. **All adjutants and assistant adjutants; commanding, executive, and administrative officers; legal officers; officers in the grade of O-4 and above; and Marine Corps E-4 and above while holding a legal assistance billet are authorized to act as federal notaries under title 10 of the United States Code section 1044a.**

KNOW ALL PERSONS BY THESE PRESENTS:

I, \_\_\_\_\_, currently residing at  
(First Middle Last of Parent)  
\_\_\_\_\_, the parent of the following minor child(ren),  
(Physical Address NOT PSC)  
\_\_\_\_\_ do hereby state that  
(Full Name of Child [ren])  
is it necessary to leave said child(ren) in the care of \_\_\_\_\_ (Name Of Agent(s)). The said  
(First Middle Last of Agent)  
agent(s) shall have my full permission and consent:

- Authorize any and all medical, dental, and hospital care and treatment, including major surgery, deemed necessary by a duly authorized and licensed physician for the health and well-being of my child(ren) herein named. In caring for and maintaining said child(ren) my agent(s) are authorized to perform those parental functions and make those decisions as would I, the legal parent and guardian if I were present, and to execute all necessary documents, instruments or papers perform all acts necessary to accomplish the foregoing.

FURTHER, I do authorize my agent(s) to perform all necessary acts in the execution of the aforesaid authorization with the same validity as I could effect if personally present. I further declare that any act or thing lawfully done hereunder by my said agent(s) shall be binding on myself and my heirs; legal and personal representatives, and assigns whether the same shall be done either before or after my death, or other revocation of the instrument, unless and until reliable intelligence or notice thereof shall have been received by my said attorneys.

PROVIDED, however, that all actions taken hereunder for me or for my account shall be transacted in my name, and that all endorsements and instruments executed by my said agent(s) for the purpose of carrying out the foregoing powers shall contain my name, followed by that of my said agent(s) and the designation "agent(s)."

FURTHER, I declare that this power shall remain in effect even though I am reported or listed, officially or otherwise, as "missing," "missing in action," or "prisoner of war," it being my intention that the designation of such status shall not bar my said agent(s) from fully and completely exercising and continuing to exercise any and all powers and rights herein granted until this power is revoked by my death or as otherwise provided herein.

I hereby authorize my agent(s) to indemnify and hold harmless any third party who accepts and acts under or in accordance with this power of attorney.

I intend for this to be a DURABLE Power of Attorney. This Power of Attorney will continue to be effective if I become disabled, incapacitated, or incompetent.

This Power of Attorney shall become effective when I sign and execute it below. Unless sooner revoked or terminated by me, this Power of Attorney shall become null and void on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (expiration date).

IN WITNESS WHEREOF, I sign this Power of Attorney at Okinawa, Japan on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ (today's date).

\_\_\_\_\_  
Signature of Grantor  
(DO NOT SIGN UNTIL IN FRONT OF A NOTARY)

# ACKNOWLEDGEMENT

With the United States Armed Forces

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before the undersigned notary, personally appeared \_\_\_\_\_, satisfactorily proven to be (a) serving in or retired from the Armed Forces of the United States, or (b) a lawful dependent of a person serving in or retired from the Armed Forces of the United States, or (c) a person serving with, employed by, or accompanying the Armed Forces of the United States outside the United States and outside the Canal Zone, Puerto Rico, Guam, and the Virgin Islands, and to be the person whose name is subscribed to the within instrument and acknowledged that he or she executed the same. And the undersigned does further certify that he or she is at the date of this certificate an authorized notary of the Armed Forces of the United States having the general powers of a notary public under the provisions of Section 936 or 1044a of Title 10 of the United States Code (Public Law 90-632 and 101-510).

**ALL ADJUTANTS AND ASSISTANT ADJUTANTS; COMMANDING, EXECUTIVE, AND ADMINISTRATIVE OFFICERS; LEGAL OFFICERS; OFFICERS IN THE GRADE OF O-4 AND ABOVE; AND MARINE CORPS E-4 AND ABOVE WHILE HOLDING A LEGAL ASSISTANCE BILLET ARE AUTHORIZED TO ACT AS FEDERAL NOTARIES UNDER TITLE 10 OF THE UNITED STATES CODE SECTION 1044A. NO SEAL REQUIRED BY LAW.**

\_\_\_\_\_  
Signature of Notary

Name of Notary:  
Rank and/or Title:  
Organization:  
Expiration:

Revised 8/2016