

Appointment of Attorney-in-Fact

In preparation for (child's name) _____'s admission to a behavioral health treatment provider out of the State of Oklahoma, I am providing this release of information and attorney-in-fact appointment to (facility name) _____ and The Oklahoma Health Care Authority in case of emergencies or situations in which I am unable or incapable of making decisions and/or cannot be located by my child's behavioral health provider over a five (5) calendar day period. If my wishes are not expressed, my attorney-in-fact may act in the best interest of my child (child's name) _____ regarding their mental health and medical treatment. Each attorney-in-fact is authorized to act independently and without preference to the order of listing below.

I hereby appoint and authorize the following persons to act as my attorney-in-fact to make decisions regarding (child's name) _____'s mental health and medical treatment if I become incapable or unable to act on behalf of my child and/or cannot be located by my child's behavioral health provider over a five (5) calendar day period while they are being treated at (facility name) _____:

Name: _____
Address: _____
Phone Home: _____
Work: _____
Cell: _____
E-mail: _____
Relationship: _____

Name: _____
Address: _____
Phone Home: _____
Work: _____
Cell: _____
E-mail: _____
Relationship: _____

Name: _____
Address: _____
Phone Home: _____
Work: _____
Cell: _____
E-mail: _____
Relationship: _____

to act as my attorney-in-fact to make decisions regarding (child's name) _____'s mental health and medical treatment if I become incapable or unable to act on behalf of my child and/or cannot be contacted within five (5) calendar days while they are being treated at (facility name) _____.

This declaration will be terminated subsequent to (child's name) _____'s discharge from (facility name) _____ and return to Oklahoma.

Declarant's Signature Printed Name Signed this ____ day of _____, 200__.

Declarant's Signature Printed Name Signed this ____ day of _____, 200__.

This Appointment of Attorney-in-Fact was signed in my presence:

Subscribed and Sworn before me this _____ day of _____, 200__.

Signature Notary Public: _____

My commission expires: