



LIMITED MEDICAL/DENTAL POWER OF ATTORNEY

I, _____, of _____, Florida, as parent/natural guardian of the below named child[ren] hereby appoint _____, of _____, Florida to be my lawful attorney-in-fact regarding my minor child[ren]:

_____ born on _____
(name of child)
_____ born on _____
(name of child)
_____ born on _____
(name of child)

I hereby grant to my attorney-in-fact the power to consent to medical/dental care for the child[ren] named above in my absence for services or treatment at KIDZ CHOICE PEDIATRIC DENTISTRY OF CENTRAL FLORIDA, PLLC. I intend that my attorney-in-fact have the same full authority as I have to consent to, or withhold consent to, any medical, dental, or other professional care, counsel, treatment or service to the minor child[ren] named above by a licensed or certified health care professional of KIDZ CHOICE PEDIATRIC DENTISTRY OF CENTRAL FLORIDA, PLLC.

I hereby declare (i) that any medical or dental care rendered pursuant to this Medical/Dental Power of Attorney is ratified and approved, (ii) that this Medical/Dental Power of Attorney shall remain in full force and effect for six (6) months from the date signed and, (iii) a medical or dental professional may rely on this Medical/Dental Power of Attorney until written notice of its revocation has been delivered to and received by the health care provider, pursuant to Florida Statute § 709.2110.

This Medical/Dental Power of Attorney shall be limited to the rights, powers and authority herein granted and nothing in this Medical/Dental Power of Attorney shall provide the attorney-in-fact with any other powers. For the effective period, this durable Medical/Dental Power of Attorney shall not be terminated by subsequent incapacity of the undersigned except as provided in chapter 709, Florida Statutes.

IN WITNESS WHEREOF, I have signed this Medical/Dental Power of Attorney on _____.

Signature

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2016 by _____.

Signature of Notary Public

Print Type or Stamp Name of Notary Public

(SEAL)

___ Personally known OR
___ Produced Identification

Type of Identification Produced