

Power of Attorney Form FAQs

My student is 17. Can I submit a Power of Attorney form for her/him?

We can only accept POA forms for students who are 18. If your student is 17, wait until their eighteenth birthday to fill out and submit this form to the UNO Health Center; until then, a staff member will call you for consent to treat if/when your student visits the Health Center.

Where do I send the completed form for my 18-year-old student?

Send the completed, notarized form to the UNO Health Center

- Fax: 402.554.2387
- Mail: Nebraska Medicine – UNO Health Center, 102 H&K, 6001 Dodge St., Omaha, NE 68182

What is a notary?

A notary is a person authorized to perform certain legal formalities, especially to draw up or certify contracts, deeds and other documents for use in other jurisdictions. Among their many duties, notaries most often notarize signatures for documents requiring a notarial act. The signer must be physically present before a notary, prove his/her identity and acknowledge that he/she understands the document and is signing under his/her free will.

Where can I find a notary?

Oftentimes, notaries can be found at local banks, courthouses, UPS stores, some airports and—for international students—a local consulate.

What happens if I do not fill out a Power of Attorney form before my student seeks care at the UNO Health Center?

If a student under 19 seeks medical care at the UNO Health Center and does not have a Power of Attorney form on file, appointment desk staff in most situations must call parents/guardians at the time of check in to complete additional forms over the phone, which will delay patient care in non-emergent situations.

Should I keep a copy of the Power of Attorney form?

While this is optional, the UNO Health Center encourages parents/guardians to keep a copy of the Power of Attorney form for themselves as it may be accepted at other medical facilities in Nebraska.



- The undersigned **PARENT/LEGAL GUARDIAN'S PRINTED NAME** whose residence is *parent/legal guardian* located in **CITY, STATE OF RESIDENCE** *city and state of residence* does hereby state that the undersigned is a parent/guardian of the following minor **18-YEAR-OLD STUDENT'S NAME** *minor student* who is eighteen (18) years old; whose date of birth is (Month Day and Year) **STUDENT'S BIRTHDAY MM/DD/YYYY** *month date year* and whose NUID number is **8 DIGIT NUID #** *NUID Number*
- Such minor is not a ward of the state.
- Pursuant to Nebraska Probate Code § 30-2604, the undersigned hereby delegates to such minor, all powers delegable under Nebraska Probate Code § 30-2604, regarding the parent's/guardian's power to consent to such minor's own health care and medical treatment.
- This delegation shall have precedence over any other delegation of such powers.
- This delegation commences as of the date below and terminates upon the nineteenth (19th) birth date of the minor listed above.
- This Power of Attorney shall not be affected by the disability of the undersigned and shall remain in effect, notwithstanding the later disability or incapacity of the undersigned or the later uncertainty as to whether the undersigned may be dead or alive.

DATED THIS **DAY** day of **MONTH** , 20 **YEAR**

Signature: **PARENT/LEGAL GUARDIAN'S SIGNATURE**

Printed Name: **PARENT/LEGAL GUARDIAN'S PRINTED NAME**

STATE OF **STATE WHERE NOTARIZED**

COUNTY OF **COUNTY WHERE NOTARIZED**

Before me, a Notary Public, personally came **PARENT/LEGAL GUARDIAN'S PRINTED NAME** known to be the identical person who signed the foregoing instrument and such person acknowledged the execution thereof to be such person's voluntary act and deed.

Witness my hand and notarial seal on, **MONTH** **DAY** , 20 **YEAR**

Notary Public **NOTARY'S SIGNATURE**

**PLACE NOTARY STAMP
HERE**

COPY IS AS VALID AS ORIGINAL
POWER OF ATTORNEY FOR MEDICAL CARE OF MINOR

**THIS SECTION MUST BE
COMPLETED WITH A NOTARY.**