

SPECIAL MEDICAL POWER OF ATTORNEY

PROCURATION

UNITED STATES OF AMERICA

BY: _____

STATE OF LOUISIANA

TO: _____

PARISH OF _____

BEFORE the undersigned Notary Public and competent witnesses personally came and appeared _____, whose social security number is _____, whose mailing address is _____, a person of the full age of majority, and a resident of _____ Parish, hereinafter sometimes referred to as "Appearer," who declares that appearer has made and appointed, and by these presents, appearer does make, nominate, ordain, authorize, constitute and appoint, and in appearer's place and stead, depute and put _____, whose social security number is, _____ a person of the full age of majority, whose mailing address is _____, a resident of _____ Parish, Louisiana, and sometimes hereinafter referred to as "Agent," whom shall be appearer's true and lawful agent, general and special, giving and by these presents granting unto the said agent full power and authority for appearer and in appearer's name and on appearer's behalf, and to appearer's use to make health care decisions, to sign for and on behalf of appearer all documents and forms necessary for and incidental to effect those purposes and to provide and authorize on behalf of your appearer, all aid, care, hospitalization, nursing home care, surgery, medical expenses, nursing home residency, medication, examinations, treatment and all services and things whatsoever which may be necessary, required or indicated in the sole discretion of the agent to be provided by health care providers, including, but not limited to, doctors, physicians, surgeons, hospitals, nursing homes, pharmacists, and any and all persons, firms and corporations providing this care whomsoever, which the minor child of Appearer, namely _____, born on _____, may require, and to sign for and on behalf of appearer all documents and forms necessary for and incidental to effect those purposes.

Appearer further declared that said agent and attorney in fact is hereby granted full power and authority to do and perform any and all acts necessary and proper and to execute, for and on behalf of appearer, all usual legal instruments and documents necessary to effectuate the purposes herein expressed as fully and to the same extent as appearer could do if personally present and acting on her own behalf. Appearer confirms and ratifies the acts of said agent.

Appearer shall indemnify said agent and any successor who shall so act, against any and all claims, demands, losses, damages, actions and causes of action, including expenses, costs and reasonable attorney's fees which said agent at any time may sustain or incur in connection with the carrying out of the authority granted to agent in this procuration.

THUS DONE AND PASSED in the presence of the two undersigned witnesses and Notary

Public in _____, _____ Parish, Louisiana, on this the ____ day of _____, 200__.

WITNESSES:

APPEARER:

AGENT:

NOTARY PUBLIC

NOTARY PRINTED NAME

NOTARY NUMBER