



RUSSELL REGIONAL HOSPITAL

200 South Main St. • Russell, KS 67665-2997 • (785) 483-3131

West Central Kansas Association, Inc. d/b/a

APPOINTMENT OF AGENT

I hereby appoint _____, of lawful age, as my agent and
(name of appointed)

representative for the purpose of authorizing and consenting to hospital care and/or medical
care and treatment of _____ for any illness or injury
(name of son, daughter or person to be treated)

that may occur while such person is in the care or custody of the agent between the dates of
_____, _____ and _____, while I am away, on vacation, or
(month) (day) (year) (month) (day) (year)

otherwise not immediately available to give such consent.

Dated this _____ day of _____,
(month) (year)

(Parent or Guardian)

(Witness)