



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788100
TWENTYNINE PALMS, CALIFORNIA 92278-8100

CCO 1740.4A Ch 2
NHTP
FEB 04 2013

COMBAT CENTER ORDER 1740.4A Ch 2

From: Commanding General
To: Distribution List

Subj: EMERGENCY CHILD CARE

Ref: (a) JAGMAN par 0902

Encl: (1) Special Power of Attorney for Emergency Child and/or Medical Care

1. Situation. To promulgate policy regarding the use of a Special Power of Attorney for authorization to consent to child or medical care.

2. Cancellation. CCO 1740.4

3. Mission. The need for this special power of attorney arose because of the deployable status of many of the units located aboard the Combat Center. Enclosure (1) is applicable to any potential hospital customer who is a single parent, has minor children and may expect them to be alone for any significant period of time.

4. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent

(a) Combat Center personnel may utilize enclosure (1) to grant a Power of Attorney for child care.

(b) Enclosure (1) may also be used to obtain care for the children of a parent, or legal guardian, who is unable to give verbal authorization to consent to child care.

(2) Concept of Operations

(a) Completion of Power of Attorney. Enclosure (1) may be completed and turned into Naval Hospital Outpatient Records by anyone living in the community who has a child care need and who has established an outpatient medical record at Naval Hospital Twentynine Palms. The Special Power of Attorney must be witnessed to make the contract binding between the parties. The witness must be a Commissioned Officer, in the grade of O-4 or above, or with Notary Authority under chapter 9 of the reference. Key Volunteers, Ombudsman have been briefed on the use of this form and will publicize this program within their respective units, and organizations.

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

Enclosure (1)

FEB 04 2013

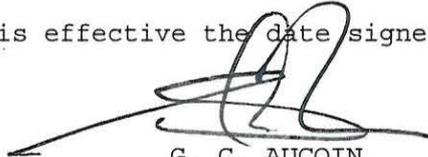
(b) In Event of Emergency. In the event of an emergency hospitalization of the parent, or legal guardian, the Naval Hospital Officer of the Day (OOD) or Mate of the Day (MOD) will contact the designated individual(s) on enclosure (1) to provide child care. If the designated individual(s) are not able to be contacted, and the grantor has agreed to accept responsibility for payment, the OOD or MOD may contact a Marine Corps Air Ground Combat Center certified Family Child Care Provider. The Provost Marshal Office (PMO) has agreed to provide transportation if required. If the grantor will not accept responsibility for payment, the Naval Hospital OOD or MOD may contact San Bernardino Child Protective Services (CPS).

5. Administration and Logistics. Distribution Statement A directives issued by the Commanding General are distributed via e-mail. This Order can be viewed at <http://www.29palms.marines.mil/Staff/G1Manpower/AdjutantOffice/CCO.aspx>.

6. Command and Signal

a. Command. This Order is applicable to all commands, organizations, and individuals working and living aboard MCA GCC.

b. Signal. This Order is effective the date signed.



G. C. AUCOIN
Chief of Staff

Enclosure (1)



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CCO 1740.4A Ch 1
NHTP

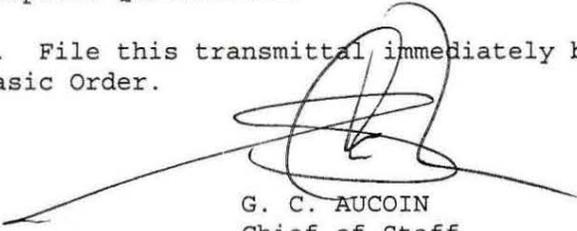
APR 20 2011

COMBAT CENTER ORDER 1740.4A Ch 1

From: Commanding General
To: Distribution List

Subj: EMERGENCY CHILD CARE

1. Situation. To transmit pen changes to the basic Order.
2. Execution. Under paragraph 4a(2)(b) delete the following: "Child Development Programs will forward an updated list monthly to the Head, Customer Relations Officer. The list will be maintained in the OOD's Pass Down Log at the Naval Hospital Quarterdeck."
3. Filing Instructions. File this transmittal immediately behind the signature page of the basic Order.



G. C. AUCOIN
Chief of Staff



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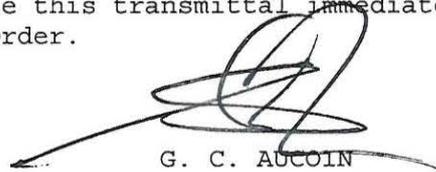
COMBAT CENTER ORDER 1740.4A Ch 2

From: Commanding General
To: Distribution List

Subj: EMERGENCY CHILD CARE

Encl: (1) New Page inserts to CCO 1740.4A

1. Situation. To transmit new page inserts to the basic order.
2. Execution. Remove letterhead page and page 2, and replace with corresponding pages in the enclosure.
3. Filing Instructions. File this transmittal immediately behind the signature page of the basic Order.



G. C. ACCOIN
Chief of Staff

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

SPECIAL POWER OF ATTORNEY
AUTHORIZATION TO CONSENT TO CHILD AND/OR MEDICAL CARE

That I, _____,
Full Name Status (such as DW/USMC/AD)

_____,
Sponsor's Name SSN Rank/Unit

am stationed at the Marine Corps Air Ground Combat Center, Twentynine Palms, California, and by these presents to make, constitute and appoint:

1. Primary: (Local)

_____,
Full Name Phone Number

Address

as my true and lawful attorney to act as follows, GIVING AND GRANTING unto my said attorney full power to act as parent and guardian with respect to all matters including but not limited to discipline and schooling, and to procure and authorize any and all medical and hospital care and treatment, including major surgery, deemed necessary by a duly licensed physician in any military, naval, or civilian hospital, dispensary, doctor's office, medical facility, or at any other place, if such treatment or surgery is recommended to be in the best interest of the health and welfare of my children who are named on the back of this document.

I have spoken and made arrangement with the above listed individuals who have agreed to take care of my child(ren) in the event I am incapacitated. In the event the individuals listed above cannot be contacted I accept/do not accept responsibility for payment of a MCAGCC certified Family Child Care Provider. **I understand that if I do not accept responsibility for payment, Child Protection Service (CPS) may be utilized.**

Further, unless sooner revoked/terminated by me, this SPECIAL POWER OF ATTORNEY shall become null and void on the _____ day of _____ 2____, or one year from the date witnessed below.

Signature of grantor

STATE OF CALIFORNIA
COUNTY OF SAN BERNARDINO
MCAGCC, TWENTYNINE PALMS

On _____, before me, I witnessed the person whose name subscribed above, and acknowledge _____ (Day Month Year) that he/she executed a free and voluntary act for the purposes herein expressed. The undersigned does further certify that I am a commissioned officer, holding the rank of O-4 and above, or with Notary Authority granted under chapter 9 of the JAGMAN (such as Unit Administrative Officers) and am in the active service of the Armed Forces of the United States.

WITNESS my hand and official seal

Signature and rank of witness
By authority of Title 10 USC 936
Or of Article 136, UCMJ

CHILD(REN) INFORMATION

1. CHILD'S NAME: _____, DOB: _____
Day Month Year

If Applicable:

SCHOOL: _____, TEACHER: _____

BUS SCHEDULE: _____, BUS #: _____

BUS STOP LOCATION: _____

MEDICAL CONDITION: _____

2. CHILD'S NAME: _____, DOB: _____
Day Month Year

If Applicable:

SCHOOL: _____, TEACHER: _____

BUS SCHEDULE: _____, BUS #: _____

BUS STOP LOCATION: _____

MEDICAL CONDITION: _____

3. CHILD'S NAME: _____, DOB: _____
Day Month Year

If Applicable:

SCHOOL: _____, TEACHER: _____

BUS SCHEDULE: _____, BUS #: _____

BUS STOP LOCATION: _____

MEDICAL CONDITION: _____

Note:

This form may be used to grant a Power of Attorney for child care. This form must be notarized by a Commissioned Officer in the grade of O-4 and above, or with Notary authority granted under chapter 9 of the JAGMAN (such as Unit Administrative Officers).

This form may also be used to obtain care for the children of a parent, or legal guardian, who is unable to give verbal authorization to consent to child care. The original will be placed in the medical record of the parent, or legal guardian. The medical record will be kept in the Outpatient Medical Records Department of Naval Hospital Twentynine Palms.

In the event of an emergency hospitalization of the parent, or legal guardian, the OOD/MOD will contact the designated individual(s) on the reverse to provide child care. If the designated individuals are not able to be contacted, and the grantor has agreed to accept responsibility for payment, the OOD/MOD may contact a MCAGCC certified Child Care Provider. A list is maintained in the Pass down Log at the Naval Hospital Quarterdeck. The Provost Marshal Office has agreed to provide transportation if required. If the grantor will not accept responsibility for payment, the OOD/MOD may contact San Bernardino County Child Care Protective Services.

This is a MILITARY POWER OF ATTORNEY prepared and executed pursuant to Title 10, United States Code, section 1044b, by a person authorized to receive legal assistance from military service. Federal law exempts a MILITARY POWER OF ATTORNEY from any requirement of form, substance, formality, or recording that is prescribed for powers of attorneys by the laws of any state, commonwealth, territory, district, or possession of the United States. Federal law specifies that a MILITARY POWER OF ATTORNEY shall be given the same legal effect as a power of attorney prepared and executed in accordance with the laws of jurisdiction where it is presented.