

Parent's Delegation of Powers By Power of Attorney

Pursuant to MCL 700.5103, the undersigned parents of the following minor children:

NAME	DOB	SS#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

hereby delegate to _____, who is/are designated as Agent(s) for this purpose, the undersigneds' power of care, custody and property of the above named persons, including, but not limited to, the power to authorize all medical, dental and hospital care for the above named persons, and the power to execute all documents and releases necessary to obtain such care. This includes the power to authorize the admission to or discharge from (even against medical advice) any hospital, or similar facility or service.

Our agent(s) shall be empowered by this delegation to exercise all such powers with respect to the above named persons until _____. (Note: This delegation of power may not exceed 6 months.)

Print Name:

Print Name:

Witnesses:

