

POWER OF ATTORNEY

TEMPORARY DELEGATION OF PARENTAL POWERS BY PARENT(S)

I/we, _____, of the City/Township of _____, County of _____, State of Michigan, desire to leave my/our minor child(ren):

Child 1:	_____	Date of Birth:	_____
Child 2:	_____	Date of Birth:	_____
Child 3:	_____	Date of Birth:	_____

in the care and custody of _____ (my/our "agent"), residing at _____, Michigan, telephone _____.

I/we designate the above-named person as my/our agent for a period not to exceed 180 days, except as provided below, commencing upon the date of my/our notarized signature(s) below. My/our agent shall be vested with full powers as a substitute parent to the extent permitted by Michigan law. I/we hereby vest in my/our agent full power to do anything reasonably required for my/our child(ren)'s care, custody, and property, and appoint my/our agent as attorney-in-fact to do those things I/we, as the child(ren)'s parent(s), could lawfully do on behalf of my/our child(ren), including but not limited to:

- 1 Give parental consent for any medical, dental, diagnostic, surgical, or other health-care procedure or treatment.
- 2 Give parental consent to admission to any hospital, medical center, or other health-care facility.
- 3 Give parental consent to the administration of drugs, medication, therapeutic devices, or other treatment related to my/our child(ren)'s health.
- 4 Request, receive, and review my/our child(ren)'s health information and records needed to make these decisions.
- 5 Give parental consent and otherwise act concerning my/our child(ren)'s educational needs and school-related matters.
- 6 Exercise day-to-day custody and supervision, and give parental consent to travel, activities, and events.
- 7 Receive, hold, and spend money or property belonging to or provided for my/our child(ren), for their care and support.
- 8 Generally take and authorize lawful acts concerning my/our child(ren)'s care, custody, health, education, safety, property, and well-being to the same extent I/we could, except for powers that may not be delegated under Michigan law.

This delegation of parental powers is given pursuant to MCL 700.5103. It does not include the power to consent to adoption of my/our minor child(ren) or to release my/our minor child(ren) for adoption, and it shall not remain effective beyond the period permitted by Michigan law.

Military deployment (initial only if applicable). If I am serving in the armed forces of the United States and am deployed to a foreign nation, this delegation shall remain effective until the thirty-first day after the end of my deployment, as permitted by MCL 700.5103(3).

Initials: Parent 1 _____ Parent 2 _____

I/we may revoke this delegation at any time by written notice to my/our agent. I/we have signed and delivered this delegation of parental powers on the date of my/our notarized signature(s) below.

Parent 1

Parent 2

ACKNOWLEDGMENT

STATE OF MICHIGAN)
) ss.
COUNTY OF _____)

The foregoing instrument was acknowledged before me on _____, 20____, by _____, who acknowledged signing it as the parent(s) of the minor child(ren) identified above.

Notary Public signature

Printed name, Notary Public, State of Michigan

County of: _____

My commission expires: _____

Acting in the County of: _____