

DELEGATION OF PARENTAL POWERS

We, _____, and _____,
of _____, _____ Michigan, desire
to leave our minor child, whose name is
_____ (DOB _____)

in the care and custody of
_____ (agent or agents),
commencing on this date _____ and ending after 180 days unless revoked sooner.

We desire to vest in the agent full powers as a substitute parent. We hereby vest in the agent full power to do anything and everything required for the child's care, and we appoint the agent as our attorney-in-fact to do any of the things we, as parents could do on behalf of our child, including but not limited to the following:

1. Give parental consent to any medical, diagnostic, or surgical procedure or other treatment of any type or nature, any dental procedure, admission to any hospital or medical center, and consent to the use of any drugs, medication, therapeutic devices, or other medicines or items related to the child's health.
2. Exercise the power in general to take and authorize all acts with respect to our child's health and well-being, the same as I could do.
3. Reside with the child.
4. Travel with or arrange for travel and supervision for the Child.
4. Enroll the child in any school.

This Delegation of Parental Powers is given pursuant to MCL 700.5103

We have signed and delivered this Delegation of Parental Powers on _____.

X _____

X _____

DELEGATION OF PARENTAL POWERS

I, _____, of _____ Michigan, desire

to leave my minor child, whose name is

_____ (DOB _____)

in the care and custody of

_____ (agent or agents),

commencing on this date _____ and ending after 180 days unless revoked sooner.

I desire to vest in the agent full powers as a substitute parent. I hereby vest in the agent full power to do anything and everything required for the child's care, and I appoint the agent as my attorney-in-fact to do any of the things I, as parents could do on behalf of my child, including but not limited to the following:

1. Give parental consent to any medical, diagnostic, or surgical procedure or other treatment of any type or nature, any dental procedure, admission to any hospital or medical center, and consent to the use of any drugs, medication, therapeutic devices, or other medicines or items related to the child's health.
2. Exercise the power in general to take and authorize all acts with respect to our child's health and well-being, the same as I could do.
3. Reside with the child.
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X _____