

POWER OF ATTORNEY FOR PARENT

OF: _____
Child's Name Date of Birth

My Name
is: _____
(Parent's Name)

And I reside at:

Address, City, State, Zip

I am the legal parent of the minor: _____

And do hereby appoint _____ who resides
at _____
Address, City, State, Zip

Pursuant to MCL 700.5103 as my attorney-in-fact for me in my name to exercise any of my power regarding the care, custody or property of my said minor child including by not limited to the authority to authorize medical treatment when found necessary upon competent medical advice, and to make educational and all other necessary arrangements for his/her welfare in my absence while said child resides in his/her home, hereby revoking all former powers of attorney or authorization whatever in the premises, except the power consent to marriage or the adoption of the minor child

This delegation is made for a period of six (6) months commencing: _____,

Dated this _____ day of _____, 20____;

Parent/s signature: _____

Signed in the presence of:

Witness

Witness

Subscribed and sworn to before me on _____, _____ County, Michigan.

My commission expires: _____ Signature: _____

Notary public, State of Michigan, County of _____