

**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: \_\_\_\_\_  
Child's Name

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 powers 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 authorizations 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This delegation is made for a period of six (6) months commencing: \_\_\_\_\_, unless rescinded by the custodial parent.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Parent/s signature: \_\_\_\_\_

Signed in the presence of:

\_\_\_\_\_  
Witness Witness

Subscribed and sworn to before me on \_\_\_\_\_, Kalamazoo County, Michigan.

\_\_\_\_\_, Notary Public  
State of Michigan, County of Kalamazoo  
My commission Expires: \_\_\_\_\_. Acting in Kalamazoo County