

DELEGATION OF PARENTAL POWERS

We, _____ and _____, of _____
_____, Michigan, desire to leave our minor children, namely: _____
_____ in the care and custody
of _____ (herein called "agent") for the period from and
including _____ through and including _____. We desire to
vest full power to do anything and everything required for the children's care, and we hereby appoint
our agent as our attorney-in-fact for us, in our name and on our behalf to do any of the things we as
parents could do on behalf of our children, including, but not limited to the following:

1. Give parental consent to any medical care, diagnosis, surgical procedure and/or treatment of any type or nature.
2. Give parental consent to any dental procedures.
3. Give parental consent for the admission to any hospital or medical center.
4. Give parental consent to the use of any drugs, medication, therapeutic devices, or other medicines or items related to the children's health.
5. The power in general to take and authorize all acts with respect to our children's health and well-being, and to expend all amount in connection therewith the same as we could do.
6. The power to do any and all things we as parents might do on behalf of our children, except the power to consent to adoption or marriage.

Our children's doctor is: _____

Hospital and medical records concerning our children are located at: _____.

Our medical/hospital insurance carrier is: _____ and
our policy number is: _____.

This Delegation of Parental Powers is given pursuant to Michigan Compiled Laws Annotated, Section 700.5103 (the "Michigan Estates & Protected Individual Code"), and this power expires on _____.

We have signed and delivered this Delegation of Parental Powers this ____ day of _____, _____.

State of Michigan }
County of _____ } ss.

On this ____ day of _____, _____, before me personally appeared _____ and _____, to me known to be the persons described herein and who executed the foregoing instrument and acknowledged that they executed the same as their free act and deed.

_____, Notary Public
_____ County, Michigan
My commission expires: _____