DELEGATION OF POWERS
BY PARENT OR GUARDIAN

I, _____ of _____ being a parent or guardian of the minor child: _____ d.o.b. _____, appoint _____ of _____ _____, to be my attorney-in-fact to exercise my powers of care, custody and control over the person and property of said minor. This delegation of powers by a parent or guardian is made pursuant to M.C.L. 700.5103 and specifically includes the power to authorize medical care and treatment for the minor child. This delegation shall be valid for six (6) months from the date of my signature here below.

_____ _____
Date Parent or Guardian

Signed in the presence of:

_____
Witness

_____
Witness

OR

STATE OF MICHIGAN)
)
COUNTY OF DELTA)

On _____, who is the parent or guardian named above, signed before me this document.

_____
, Notary Public
, Michigan
My Commission Expires: