Power of Attorney Delegating Parental Authority
For Child Care

(Under Michigan Law)

We, **[Parent 1's Name]** and **[Parent 2's Name]** of **[city]**, Michigan, make, constitute, and appoint **[Attorney-in-Fact 1's Name]** as Attorney-in-Fact for us. If **[Attorney-in-Fact 1's Name**] is unable or unwilling to serve, we appoint **[Attorney-in-Fact 2's Name] as** successor Attorney-in-Fact.

Our Attorney-in-Fact is authorized to act in our name, place, and stead for the purpose of exercising our parental rights and powers regarding the care, custody, and property of our child(ren), **[Child's Name].**

We grant to our Attorney-in-Fact the power to authorize and consent to the performance of all necessary medical treatment—including but not limited to necessary treatments, medications, operations, diagnostic procedures, and the administration of general or local anesthesia—by any medical doctors, technicians, assistants, nurses, and other qualified medical personnel that our Attorney-in-Fact deems appropriate.

We grant to our Attorney-in-Fact the power to do and perform all matters as well as to make, execute, and acknowledge all authorizations and documents that are reasonable or proper with the same powers and validity as we could, if personally present, with full power of substitution regarding the property, general health, and well-being of **[child's name].**

This Power of Attorney delegating parental authority is granted pursuant to **MCL 700.5103**.

We ratify and confirm all lawful acts performed by our Attorney-in-Fact by virtue of this Power of Attorney.

[Signature Parent 1]
[Typed Name]
Dated: _____

[Signature Parent 2]
[Typed Name]
Dated: _____

STATE OF MICHIGAN _____ COUNTY

Signed and sworn to before me, this _____ day of _____, 20 _____. Notary's Signature: _____ Notary's Printed Name:_____ _____ County, State of _____ Acting in County of _____, MI (Required for Michigan Notaries) My Commission Expires: _____