

Power of Attorney
(Under Michigan Compiled Laws § 700.5103)

I, _____, of _____,
(Printed Name of Parent) *(City/Town, State/Province, Country)*

do hereby make, constitute and appoint _____, of
(Printed Name of Appointee)

_____, as my true and lawful attorney in fact for me and
(City/Town, State/Province, Country)

in my name, place and stead. I give unto said attorney full power to do and perform all duties
which I have as a custodial parent and legal guardian of _____,
(Printed Name of Minor Child)

whose date of birth is _____, including, but not limited to,
(Month/Day/Year)

making necessary decisions concerning the health (including the authorization of medical
treatment), education (including enrolling in school), property, custody and general care of said
child. In accordance with Michigan Compiled Laws § 700.5103, this delegation does not include
the power to consent to marriage and/or adoption.

This delegation of power will end six (6) months after the date that I affix my signature
below, unless revoked by me in writing before that date.

(Signature of Parent)

(Witness)

(Date Signed)

(Witness)

Acknowledged before me this _____ day of _____, 200__.

Notary Public _____

_____ County

My Commission Expires: _____