



Petoskey Ear, Nose and Throat Specialists
560 W. Mitchell Street, Suite 250
Petoskey, MI 49770
231-487-3277

DELEGATION OF PARENTAL POWERS

We, _____, husband and wife, of _____, Michigan, hereby execute this Delegation of Parental Powers with the intention that the attorney-in-fact hereinafter named shall be able to act in our place as parents for our child, _____, DOB _____ as set forth herein.

SECTION 1. Appointment of Attorney-in-Fact.

1.01 We appoint _____ to be our attorney-in-fact to act for us, in our name, and in our place. If s/he is unable to act, then we appoint _____ to be our attorney-in-fact to act for us, in our name, and in our place. If s/he is unable to act, then we appoint _____ to be our attorney-in-fact to act for us, in our name, and in our place.

SECTION 2. Effective Date and Duration.

2.01 This Delegation of Parental Powers is given pursuant to Act No. 51 of Michigan Public Acts of 1979. This Delegation of Parental Powers automatically expires six (6) months from the date hereof unless sooner revoked by us.

2.02 Duration Specification for specific dates: From _____ to _____.

SECTION 3. Powers.

3.01 Our attorney-in-fact shall have full powers to do anything and everything required for our children's care, custody, and property. These powers shall include, but not be limited to, the powers set forth below.

3.02 Our attorney-in-fact shall have the power to give parental consent to any medical care, diagnosis, surgical procedure, and treatment of any type.

3.03 Our attorney-in-fact shall have the power to give parental consent to any dental procedure.

3.04 Our attorney-in-fact shall have the power to give parental consent to admission to any hospital or medical center.

3.05 Our attorney-in-fact shall have the power to give parental consent to the use of any drugs, medication, therapeutic devices, or other items related to our children's health.

3.06 Our attorney-in-fact shall have the power to expend all necessary amounts in connection with the exercise of the powers described herein and to seek reimbursement therefore from any funds or insurance to which our children may be entitled.

3.07 Our attorney-in-fact in general shall have 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.

SECTION 4. Physician, Hospital, and Insurance.

4.01 Our child’s physician is a member of **Petoskey Ear, Nose & Throat Specialists, Petoskey, Michigan.**

4.02 Hospital and medical records concerning my children are located at **Petoskey Ear, Nose & Throat Specialists, in the Petoskey, Michigan or Gaylord, Michigan office and/or at** _____ (hospital).

4.03 The **medical/hospital insurance** for this patient is:
Insurance company: _____

Policy number: _____

Subscriber: _____

Subscriber’s date of birth: _____.

SECTION 5. Ratification; Use of Photocopy.

5.01 We ratify all acts undertaken hereunder by our attorney-in-fact.

5.02 A photocopy of this document shall be considered as valid as the original.

We have signed this Delegation of Parental Power on _____.

WITNESSES:

PARENTS:

STATE OF MICHIGAN)

)SS

COUNTY OF _____)

On, _____, before me, a Notary Public, _____ personally appeared to me known to be the same persons described in and who executed the foregoing agreement, and who acknowledged to me that they executed the same as their free and voluntary act and deed.

_____, Notary Public

My Commission Expires:

_____ County, MI