

# Pathway Parent Group

Plum Hollow Office Park, 22180 West Nine Mile Road, Southfield, Michigan 48034-6007  
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## DELEGATION OF PARENTAL POWERS

I/WE, \_\_\_\_\_ of \_\_\_\_\_  
County, \_\_\_\_\_, desire to leave my/our minor child, \_\_\_\_\_  
\_\_\_\_\_, in the care and custody of \_\_\_\_\_  
\_\_\_\_\_ (herein after called "agent"), and I/We desire to vest  
in my/our agent full powers as a substitute parent and everything required for the child's care,  
and I/we hereby appoint my/our agent as my/our attorney-in-fact for me/us, in my/our name  
and on my/our behalf to do any of the things I/we as a parent(s) could do on behalf of my/our  
said child, including, but not limited to the following:

1. Give parental consent to any medical care, diagnosis, surgical procedure and/or other treatment of any type or nature;
2. Give parental consent to any dental procedure;
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 device, or other medicines or items related to the child's health;
5. The power in general to take and authorize all acts with respect to my/our child's health and well-being, and to expend any amount in connection therewith the same as I/we could do; and
6. The power to do any and all things I/we as a parent(s) might do on behalf of said child, except the power to consent to adoption or marriage.

This Delegation of Parental Powers is given pursuant to Act No. 51 of Michigan Public Acts of 1979, and this power expires on \_\_\_\_\_, 19\_\_\_\_\_.

I/We have signed and delivered this Delegation of Parental Powers on this the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County MI,

My commission expires \_\_\_\_\_, 19\_\_\_\_\_.

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