**Delegation of Parental Authority**

{% if other\_parent | length > 0 %}We, {{ users[0] }} and {{ other\_parent[0] }}{% else %}I, {{ users[0] }}{% endif %}, wish to temporarily leave {% if other\_parent | length > 0 %}our{% else %}my{% endif %} minor {% if children | length > 1 %}children{% else %}child{% endif %}, {{ comma\_and\_list(children) }}, in the care and custody of {{ agent[0] }}, who lives at {{ agent[0].address.on\_one\_line() }}.

{% if other\_parent | length > 0 %}We appoint and vest in our{% else %}I appoint and vest in my{% endif %} Agent full powers as a substitute parent, giving them the authority to do anything and everything required for {% if other\_parent | length > 0 %}our{% else %}my{% endif %} {% if children | length > 1 %}children{% else %}child{% endif %}’s care. {% if other\_parent | length > 0 %}We{% else %}I{% endif %} also authorize {% if other\_parent | length > 0 %}our{% else %}my{% endif %} Agent to do any of the things that {% if other\_parent | length > 0 %}we{% else %}I{% endif %}, as a parent, could do on behalf of {% if other\_parent | length > 0 %}our{% else %}my{% endif %} {% if children | length > 1 %}children{% else %}child{% endif %}. {% if other\_parent | length > 0 %}We{% else %}I{% endif %} specifically authorize {{ agent[0] }} to:

1. Consent to medical and/or dental care for {% if other\_parent | length > 0 %}our{% else %}my{% endif %} {% if children | length > 1 %}children{% else %}child{% endif %};
2. Enroll {% if other\_parent | length > 0 %}our{% else %}my{% endif %} minor {% if children | length > 1 %}children{% else %}child{% endif %} in appropriate schools and/or educational programs;
3. Act or consent to any and all acts with respect to {% if other\_parent | length > 0 %}our{% else %}my{% endif %} {% if children | length > 1 %}children{% else %}child{% endif %}’s health and well-being, except the power to consent to guardianship, adoption, or marriage.

{% if military %}I am a service member on deployment to a foreign country. Pursuant to MCL 700.5103(3), this delegation of parental powers will remain in effect while I am deployed in a foreign country {% if dpa\_end == "31\_days\_after\_return" %}and for 31 days after I return from the foreign deployment{% elif dpa\_end == "specific\_date" %}until {{ dpa\_end\_date }}{% endif %}, or on my declaration, whichever comes first.{% else %}This delegation of parental powers is given pursuant to MCL 700.5103, and will become effective on {% if dpa\_start == "date\_signed" %}the day {% if other\_parent | length > 0 %}we{% else %}I{% endif %} sign it{% elif dpa\_start == "different\_date" %}{{ dpa\_start\_date }}{% endif %}. This power expires {% if dpa\_end == "6\_months\_after\_start" %}six (6) months from the date it begins {% elif dpa\_end == "earlier\_date" %}on {{ dpa\_end\_date }} {% endif %}or on my declaration, whichever comes first.{% endif %}

This delegation of parental authority was signed on \_\_\_\_\_\_\_\_\_\_\_\_\_.

Signature of Parent{% if other\_parent | length > 0 %}s{% endif %}:

/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ {% if other\_parent | length > 0 %}/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{% endif %}

{{ users[0] }} {% if other\_parent | length > 0 %}{{ other\_parent[0] }}

{% endif %}

NOTE: **Michigan does not require this document to be witnessed and notarized**. If you wish to have this form witnessed and notarized, do so here:

Witnesses:

/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ /s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of witness 1, if any: Print name of witness 2, if any:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF MICHIGAN )

\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY )

Acknowledged before me and the witnesses, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_\_\_\_\_\_\_\_ County, Michigan, on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by {{ users[0] }}{% if other\_parent | length > 0 %} and {{ other\_parent[0] }}{% endif %}.

/s/ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary public: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Michigan, County of \_\_\_\_\_\_\_\_\_\_\_\_\_.

My commission expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Health Information Addendum**

**The following information is a reference for the caregiver. It is not part of the Delegation of Parental Authority and does not limit the care that the child(ren) may receive as needed. The information on this addendum may be incomplete.**

**Health Insurance Information**

{%p if defined(‘health\_insurance\_company’) %}

{{ health\_insurance\_company }}

Member ID/Policy Number: {% if defined(‘health\_insurance\_id’) %}{{ health\_insurance\_id }}{% else %}N/A{% endif %}

Group Number: {% if defined(‘health\_insurance\_group’) %}{{ health\_insurance\_group }}{% else %}N/A{% endif %}

{%p else %}

N/A

{%p endif %}

**Hospital Preference**

{%p if hospital | length > 0 %}

{%p for item in hospital %}

{{ item.hospital\_name }}

{{ item.on\_one\_line() }}

{%p endfor %}

{%p else %}

N/A

{%p endif %}

**Health Care Providers**

{%p if healthcare\_provider | length > 0 %}

{%p for provider in healthcare\_provider %}

**{{ provider.name }}**

Type: {% if provider.provider\_type == “other” %}{{ capitalize(provider.provider\_type\_other) }}{% elif provider.provider\_type == “primary” %}Primary care physician/pediatrician{% elif provider.provider\_type == “dentist” %}Dentist{% elif provider.provider\_type == “counselor” %}Counselor{% elif provider.provider\_type == “psychiatrist” %}Psychiatrist{% endif %}

Address: {{ provider.address.on\_one\_line() }}

Phone: {{ provider.phone\_number }}

{%p endfor %}

{%p else %}

N/A

{%p endif %}

**{% if children | length > 1 %}Children’s{% else %}Child’s{% endif %} Medical Information**

{%p for child in children %}

**{{ child }}**

Allergies: {% if child.has\_allergies %}{{ child.allergies }}{% else %}N/A{% endif %}

Medical conditions: {% if child.has\_med\_conditions %}{{ child.med\_conditions }}{% else %}N/A{% endif %}

Medications taken: {% if child.takes\_meds %}{{ child.meds\_taken }}{% else %}N/A{% endif %}

Medications avoided: {% if child.cannot\_take\_meds %}{{ child.meds\_avoided }}{% else %}N/A{% endif %}

Other health information: {% if defined(‘child.other\_health\_info’) %}{{ child.other\_health\_info }}{% else %}N/A{% endif %}

{%p endfor %}