**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 == “yes” %}{{ child.allergies }}{% elif child.has\_allergies == “no” %}No known allergies{% else %}*No information provided.*{% endif %}

Medical conditions: {% if child.has\_med\_conditions == “yes” %}{{ child.med\_conditions }}{% elif child.has\_med\_conditions == “no” %}No known conditions.{% else %}*No information provided.*{% endif %}

Medications taken: {% if child.takes\_meds == “yes” %}{{ child.meds\_taken }}{% elif child.takes\_meds == “no” %}None.{% else %}*No information provided.*{% endif %}

{%p if child.cannot\_take\_meds != “no” %}

Medications avoided: {% if child.cannot\_take\_meds == “yes” %}{{ child.meds\_avoided }}{% else %}*No information provided.*{% endif %}

{%p endif %}

Other health information: {% if child.other\_health\_info != “” %}{{ child.other\_health\_info }}{% else %}*No information provided.*{% endif %}

{%p endfor %}