**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**

**Health Insurance Information**

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

{% if other\_parent | length > 0 %}Our{% else %}My{% endif %} health insurance carrier is {{ health\_insurance\_company }}{% if defined(‘health\_insurance\_id’) %}, member ID/policy number: {{ health\_insurance\_id }}{% endif %}{% if defined(‘health\_insurance\_group’) %}, group number: {{ health\_insurance\_group }}{% endif %}.

{%p else %}

No Health Insurance Info

{%p endif %}

**Hospital Preference**

{%p if hospital | length > 0 %}

{%p for item in hospital %}

{{ unit.hospital\_name }}

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

{%p endfor %}

{%p else %}

No Hospital Preference

{%p endif %}

**Health Care Providers**

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

{%p for provider in healthcare\_provider %}

Type: {% if not defined(‘provider.provider\_type’) %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% elif provider.provider\_type == “other”%}{{ provider.provider\_type\_other }}{% else %}{{ provider.provider\_type }}{% endif %}

Name: {% if not defined(‘provider.name.first’) %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% else %}{{ provider.name }}{% endif %}

Address: {% if not defined(‘provider.address.address’) %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% else %}{{ provider.address.on\_one\_line() }}{% endif %}

Phone Number: {% if not defined(‘provider.phone\_number’) %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% else %}{{ provider.phone\_number }}{% endif %}

{%p endfor %}

{%p else %}

No Health Care Provider Info

{%p endif %}

**Information about Medical Conditions**

{%p for child in children %}

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

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

{{ child }} takes the following medications: {% if child.takes\_meds %}{{ child.meds\_taken }}{% else %}N/A{% endif %}

{{ child }} may not have the following medications: {% if child.cannot\_take\_meds %}{{ child.meds\_avoided }}{% else %}N/A{% endif %}

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

{%p endfor %}