Michigan Power of Attorney for Minor Child

(Under Michigan Compiled Laws § 700.5103)

I,		, of		,
,	(Printed Name of Parent)		(City/Town, St	ate)
do hereby i	make, constitute and appoint			
and a start		(Printe	ed Name of Appointee)	,
of		whose da	ate of hirth is	
	(City/Town, State)	, whose do	<u></u>	(Month/Day/Year)
as my true	and lawful attorney in fact for m	ne and in my name	, place and stead	. I give unto said
attorney fu	ll power to do and perform all d	uties which I have	as a custodial pa	rent and legal
guardian of		, whose	date of birth is	
	(Printed Name of Minor Child)			(Month/Day/Year)
including, l	but not limited to, making neces	sary decisions con	cerning the healt	h (including the
authorizatio	on of medical treatment), educat	ion (including enr	olling in school)	property, custody
and genera	l care of said child.			
	nce with Michigan Compiled La		is delegation doe	s not include the
This delega	ation of power will start on	onth/Day/Year)	end on(Month/Da	y/Year) (up to 180
days maxir	num is allowed under Michigan	law), unless revok	xed by me in writ	ing before the end
date.				
	Signature of Parent)		(Witnes	s)
	(Date Signed)		(Witnes	s)