

Community Mental Health for Central Michigan
POWER OF ATTORNEY FOR MINOR CHILD

KNOW ALL PERSONS that I, _____ of _____, appoint _____ of _____, to be my lawful attorney-in-fact regarding my minor child(ren).

_____ born on _____

I hereby grant my attorney-in-fact all of my powers regarding the care and custody of the above named child(ren), except my power to consent to marriage or adoption of my minor child(ren) and power to sell, transfer, convey, or otherwise manage any real or personal property belonging to my minor child(ren). I hereby intend that my attorney-in-fact have the same full authority as I have to consent to or withhold consent to any medical treatment, including hospitalization and surgery, and any mental health treatment, including psychotropic medication and inpatient psychiatric hospitalization of said minor child(ren).

I intend my attorney-in-fact have the same full authority as I have to access information in all records (in any medium) and to give permission to disclose any information from those records.

If it is necessary to reach me at any time while this power of attorney is in effect, I may be reached at:

Address: _____

Telephone: _____

This document expires six months from the date of signature.

IN WITNESS WHEREOF I have hereunto set my signature this _____ day of _____ 20_____.

Signature

NOTARY:

Subscribed and affirmed before me in this county of _____, State of Michigan, this _____ day of _____, 20_____.

Notary's official signature

SEAL:

Commission Expiration