

**Power of Attorney**

**Child custody and care for Medical Treatment, Mental Health Treatment, Dental Treatment, and School.**

I, \_\_\_\_\_, parent/guardian of the minor  
child, \_\_\_\_\_, born on \_\_\_\_\_,

Grant \_\_\_\_\_ the following special power of attorney for the  
temporary custody and care of the minor child.

\_\_\_\_\_ shall have all power and authority to make and execute decisions  
concerning the care and welfare of my child which I would have if I were physically present in an emergency  
situation, including:

1. To arrange medical care, including hospitalization, transportation, as well as obtain records.
2. To consent to mental health services, inpatient psychiatric hospitalization and psychotropic medications.
3. To give or refuse consent for medical or surgical procedures (emergency use only).
4. To arrange dental care or dental surgical procedures.
5. Enroll the child in school, access school records, and participate in decisions about the child's education.

This power of attorney does not grant the power to consent to adoption of a minor, to release of a minor ward of  
adoption. The Power of Attorney does not grant the power to sell, transfer, convey or otherwise manage any real or  
personal property belonging to the minor child. This Power of Attorney does not exceed a period of 180 days. MCL  
700.5103.

This Power of Attorney is valid from \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ Parental Initial  
(Time frame cannot be over 6 months).

**This Power of Attorney has been revoked on \_\_\_\_\_, 20\_\_\_\_. \_\_\_\_\_ Parental Initial**

This document requires either two witness signatures (over 18, neither the parent nor the appointed agent can be a  
witness) or notarization.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Witness # 1

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Witness # 2

Subscribed and Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_, Notary Public. My commission expires: \_\_\_\_\_