



**Petoskey Ear, Nose and Throat Specialists**  
**560 W. Mitchell Street, Suite 250**  
**Petoskey, MI 49770**  
**231-487-3277**

## **DELEGATION OF PARENTAL POWERS**

I, \_\_\_\_\_, sole parent from \_\_\_\_\_, Michigan, hereby execute this Delegation of Parental Powers with the intention that the attorney-in-fact hereinafter named shall be able to act in my place as parents for my child, \_\_\_\_\_, DOB \_\_\_\_\_ as set forth herein. I signify that I am the only parent with legal rights to this child.

### SECTION 1. Appointment of Attorney-in-Fact.

1.01 I appoint \_\_\_\_\_ to be my attorney-in-fact to act for me, in my name, and in my place. If s/he is unable to act, then I appoint \_\_\_\_\_ to be my attorney-in-fact to act for me, in my name, and in my place. If s/he is unable to act, then I appoint \_\_\_\_\_ to be my attorney-in-fact to act for me, in my name, and in my place.

### SECTION 2. Effective Date and Duration.

2.01 This Delegation of Parental Powers is given pursuant to Act No. 51 of Michigan Public Acts of 1979. This Delegation of Parental Powers automatically expires six (6) months from the date hereof unless sooner revoked by me.

2.02 Duration Specification for specific dates: From \_\_\_\_\_ to \_\_\_\_\_.

### SECTION 3. Powers.

3.01 My attorney-in-fact shall have full powers to do anything and everything required for my child's care, custody, and property. These powers shall include, but not be limited to, the powers set forth below.

3.02 My attorney-in-fact shall have the power to give parental consent to any medical care, diagnosis, surgical procedure, and treatment of any type.

3.03 My attorney-in-fact shall have the power to give parental consent to any dental procedure.

3.04 My attorney-in-fact shall have the power to give parental consent to admission to any hospital or medical center.

3.05 My attorney-in-fact shall have the power to give parental consent to the use of any drugs, medication, therapeutic devices, or other items related to my child's health.

3.06 My attorney-in-fact shall have the power to expend all necessary amounts in connection with the exercise of the powers described herein and to seek reimbursement therefore from any funds or insurance to which my child may be entitled.

3.07 My attorney-in-fact in general shall have the power to do any and all things I as a parent might do on behalf of my child, except the power to consent to adoption or marriage.

SECTION 4. Physician, Hospital, and Insurance.

4.01 My child's physician is a member of **Petoskey Ear, Nose & Throat Specialists, Petoskey, Michigan.**

4.02 Hospital and medical records concerning my child are located at **Petoskey Ear, Nose & Throat Specialists, in the Petoskey, Michigan or Gaylord, Michigan office and/or at \_\_\_\_\_** (hospital).

4.03 The **medical/hospital insurance** for this patient is:  
Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Subscriber: \_\_\_\_\_

Subscriber's date of birth: \_\_\_\_\_.

SECTION 5. Ratification; Use of Photocopy.

5.01 I ratify all acts undertaken hereunder by my attorney-in-fact.

5.02 A photocopy of this document shall be considered as valid as the original.

I have signed this Delegation of Parental Power on \_\_\_\_\_.

WITNESSES:

PARENT:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

STATE OF MICHIGAN                    )  
  )SS  
COUNTY OF \_\_\_\_\_)

On, \_\_\_\_\_, before me, a Notary Public,  
\_\_\_\_\_ personally appeared to me known to be the same person  
described in and who executed the foregoing agreement, and who acknowledged to me that s/he  
executed the same as his/her free and voluntary act and deed.

\_\_\_\_\_  
  ), Notary Public  
My Commission Expires:  
\_\_\_\_\_ County, MI