

Delegation of Parental Powers

We \_\_\_\_\_  
*Parent Name(s) Printed*

of \_\_\_\_\_, Michigan, desire to leave our minor child,

*County Name*

\_\_\_\_\_, in the care and custody of the Rudolf Steiner

*Print Child's Name*

School of Ann Arbor, and its designated chaperones, for its field trip, as our attorneys-in-fact. We give our attorneys-in-fact full powers as a substitute to do anything and everything required for the child's care, custody, and/or property, including, but not limited to, the following:

1. Give parental consent to any medical care, diagnosis, surgical procedure, and/or other treatment of any type or nature;
2. Give parental consent to any dental procedure;
3. Give parental consent for the admission to any hospital or medical center;
4. Give parental consent to the use of any drugs, medication, therapeutic devices, or other medicines or items related to the child's health;
5. The power in general to take and authorize all acts with respect to our child's care, custody, and property and to expand all amounts in connection therewith; and
6. In general to do all acts and things necessary, either particularly or generally described, as fully as we could do ourselves if personally present with respect to medical treatment and care for our child.

Our child's doctor is: \_\_\_\_\_  
*Print Doctor's Name*

Hospital and medical records concerning our child are located at:

*Print Hospital Name*

\_\_\_\_\_  
*Hospital Phone Number*

Our medical/hospital insurance carrier is:

*Policy Number*

*Group*

**\*DO NOT SIGN BELOW UNTIL IN THE PRESENCE OF A NOTARY\***

Parent Name \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

This Delegation of Parental Powers is given under MCLA §700.5103. This power expires on June 9, 2019. A photo static copy of this document shall be considered as valid as the original.

Notary Seal:

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public

Parent Name (print) \_\_\_\_\_ Student Name (print) \_\_\_\_\_