

Delegation of Parental Powers

I, _____, of _____, desire to
Parent/Guardian Name *County, State*
leave my student, _____ in the care and custody of the Rudolf
Student Name

Steiner School of Ann Arbor and its designated chaperones for its field trip, as 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 diagnosis, medical care, behavioral care, 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 the child's care, custody, and property and to expand all amounts in connection therewith; and
6. In general to do all acts necessary, either particularly or generally described, as fully as we could do ourselves if personally present with respect to medical treatment and care of the child.

Doctor Name and Phone: _____

Location of Hospital/Medical Records: _____

Hospital Phone and Address: _____

Insurance Carrier: _____

Insurance Policy #: _____ Insurance Group #: _____

This power is effective from 6/1/19 through 6/7/19.

The Delegation of Parental Powers is given under MCLA §700.5103.

A photo copy of this document shall be considered as valid as the original.

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Notary Seal: Subscribed and sworn before me on this _____ day of _____, 20____.

Notary Public Signature: _____

Parent Name (print) _____ Student Name (print) _____