



Child Care Power of Attorney

The undersigned does hereby grant to:

_____, and
Name Phone Number

Name Phone Number

a limited Power of Attorney to act for the undersigned and to give the required consents, or withhold the required consents, relative to the medical care, including diagnosis and treatment, if necessary, of the undersigned's below listed children:

Child's Name DOB

Child's Name DOB

and to do all other things necessary as I might, or could do, if present. This Power of Attorney is given pursuant to Section 5103 of the Michigan Estates and Protected Individuals Code, being MCL § 700.5103; MSA § 27.15103, and shall be effective from the date of execution until _____, but in no event shall its effective date exceed six months from the date of execution. Photocopies and facsimile copies of this document are to be treated as originals.

Date Signature

Subscribed and sworn to before me this
_____ day of _____, _____.

Name

Address

City/State/Zip Code

Notary Public, _____ County, Michigan
My Commission Expires: _____

Social Security No.

Home Phone

Work Phone

Car Phone

Children's Physician and Phone Number: _____

Medical Insurance (Company & Number): _____

Known Allergies or Medical History:

Where Parents Can Be Reached:

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