

PRISM Medical Group,
A division of Arcturus Healthcare, PLC

Delegation of Parental Powers

Parent(s) _____ of
(City, State) _____, hereby execute this
Delegation of Parental Powers with the intention that the attorney-in-fact hereinafter named shall
be able to act in our place as parent for (name of child) _____
set forth below.

Appointment of Attorney-in-Fact

We appoint (Name) _____ to be our attorney-in-
fact to act for us, in our name, and in our place.

Effective Date and Duration of the Delegation

This Delegation of Parental Powers is given pursuant to Section 5103 of the Michigan Estates
and Protected Individuals Codes, MCL 700.5103. This Delegation of Parental Powers is
effective as of the date that it is signed, and, unless we revoke it sooner, expires six months from
the date that it is signed.

Powers of my Attorney-in-fact

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

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

Attorney-in-fact shall have the power to give parental consent to any dental procedure.

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

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 our child's health.

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 our child may be entitled.

Attorney-in-fact in general shall have the power to do any and all things we as parents might do on behalf of our child, except the power to consent to adoption or marriage.

Physician and Insurance

Child's Physician _____

Medical Insurance Carrier _____

Medical Insurance policy number _____

Ratification; Use of Photocopy

We ratify all acts taken by our attorney-in-fact under this document.

A third party may rely upon a photocopy of this document upon the representation of my attorney-in-fact that such photocopy is a true and correct copy of the original.

We, (I), sign this declaration of Parental Powers Pursuant to MCL 700.5103 on this (Date) _____. Agreement is effective for 6 months from date of signature.

Witnesses: Signature

Parent(s): Signature

