MICHIGAN MEDICINE

Temporary Delegation Of Parental Rights And Limited Power Of Attorney For Consent To Medical Treatment Of Your Child

MRN:
NAME:
BIRTHDATE:

Name of Minor: Date of Birth:

Known Allergies/Drug Sensitivities:

Known Medical Conditions:

Any Limitation to Delegation:

HMO/Insurance/Health Benefits and Physician Information:

Company/Government Program Name: Member I.D.:

Minor's Physician Name: Phone:

Minor's Dentist Name: Phone:

I/we are the parent(s) or legal guardian(s) of the above named minor. We appoint (in order of appearance):

Name: Phone:

Address: DL or State ID#:

Name: Phone:

Address: DL or State ID#:

To act on my/our behalf to consent to: ☐medical care ☐dental care ☐surgical care ☐hospitalization for the above-named minor during period(s) of my/our absence from through (or until the 31st day following my return from deployment overseas, if I am an active duty member of the military). I understand this delegation includes receiving health information about the minor necessary to make health care decisions. **IN NO EVENT IS THIS DELEGATION OF PARENTAL RIGHTS EFFECTIVE FOR MORE THAN SIX (6) MONTHS FROM THE SIGNATURE DATE BELOW (OR LONGER, FOR UP TO 30 DAYS FOLLOWING RETURN FROM OVERSEAS DEPLOYMENT OF ACTIVE MILITARY PERSONNEL). THIS FORM DOES NOT DELEGATE POWER TO CONSENT TO MARRIAGE OR ADOPTION.**

This Delegation of Parental Powers is given under MCLA § 700.5103. I/we have signed and delivered this document on the date(s) listed below.

Instructions to Parent(s): At least one parent of legal guardian must sign this form below. The signature(s) should be witnessed by a person who is not an employee or contractor of the University of Michigan Health System and is not related by blood or marriage to the family, OR by a Notary Public.

Parent/Guardian
Printed Name:
Signature:
Contact Phone(s):
Date:

Parent/Guardian
Printed Name:
Signature:
Contact Phone(s):
Date:

Clinical Staff: Please initial here after giving a copy of this signed form back to the parent or if the parent declines a copy

Option 1:
Witness #1
Printed Name:
Signature:
Contact Phone(s):
Date:

Witness #2
Printed Name:
Signature:
Contact Phone(s):
Date:

Or **Option 2:**
On this day, before me, the undersigned Notary Public, the parent(s)/guardian(s) herein named personally appeared and freely executed this document. He/she/they ☐is/are personally known to me or ☐has/have provided satisfactory evidence of their identity.

Notary Public
Signature:
Date:

Guide to and Instructions for form:
Temporary Delegation of Parental Rights and Limited Power of Attorney for Consent to Medical Treatment of Your Child

Are you planning a trip? Away for the day? Are your children in school?
If your child needs non-emergency medical, dental, or surgical services, whether in a doctor's office or in the hospital, you as a parent must give permission.

What about times when you cannot be reached for permission?
In an emergency, your child may be treated without your consent if a physician determines that your child needs immediate medical care and further delay would increase the risk to your child's life or health. In situations that are not emergencies, your child may need unexpected care. In these cases, contacting parents for permission can delay treatment and create unnecessary anxiety or discomfort for your child.

How can you prepare for the unexpected care your children might need when you are away?

- Make sure the person who is caring for your children knows how to reach you at all times.
- When you can't come with your children to medical appointments, or know you will be hard to reach, you may legally delegate your authority to give permission to other adults to authorize medical care for your children.

The form, Temporary Delegation of Parental Rights and Limited Power of Attorney for Consent to Treatment of Your Child, is a legal document. Under Michigan law, MCLA § 700.5103(2005):

- A parent or guardian of a minor or a guardian of a legally incapacitated adult may delegate to another person, for up to 6 months, any of the parent's or guardian's powers regarding care, custody, or property of the minor child or ward, except the power to consent to marriage or adoption of a minor ward or to release of a minor ward for adoption.
- If a parent or guardian is serving in the armed forces of the United States and is deployed to a foreign nation, a delegation under this law may be effective longer than 6 months, until the thirty-first day after the end of the deployment, if the delegation letter specifically permits the longer period.
- The following applies only if a parent is not signing the form: if a legal guardian for a minor or legally incapacitated adult delegates any power under this law, the guardian must notify the court that approved the guardianship within 7 days and provide the court the name, address, and telephone number of the new "attorney-in-fact."

The form's purpose is to allow your child to receive necessary health care services when you, the parent or guardian, are unavailable to give written informed consent.

- Fill out this form carefully. With it, you may appoint relatives, friends, teachers, neighbors or anyone you know and trust who is legally competent and over 18 years of age to authorize treatment in your absence.
- After you complete the form, give it to the adults you have designated and explain its use. Make sure they know that they must take the form with them to the physician's or dentist's office, or to the hospital or other health care facility.
- The form will be entered into your child's medical chart so that it is available to other UMHS providers and administrators with a need to know.

In order to be effective, the form must be signed by at least one parent and either two witnesses (not related to patient's family and not affiliated with UMHS) or a notary public. The following additional guidelines are suggested to help ensure the form is used appropriately.

- Print neatly to ensure that all information is legible. Use a blue or black ball point pen to ensure that information will not run, smear or smudge.
- Print the full name of the minor as written in the minor's birth certificate, insurance card and medical record.
- List all known allergies (e.g., medicines, insects, foods, etc.) and medical conditions (e.g., asthma, diabetes, etc.)
- Either initial or line-out "…☐medical, ☐dental, ☐surgical care, and/or ☐hospitalization…." as you deem appropriate.
- Print all limitations to the general delegation of parental powers to consent to medical, dental, surgical care, and/or hospitalization. Ensure that the limitations are clear and specific (e.g., necessary surgery ok but no cosmetic procedures). Note: It is essential that you trust the person you are appointing to make the decisions you would make under similar circumstances.
- Complete all blanks (e.g., if there are no known allergies, write "none"). Draw a line through any extra space at the end of each entry to ensure that nothing may be added at a later date.
- Have at least one (preferably both) parents sign the form and have two witnesses or a notary - not the parent(s), not a relative, and not affiliated with UMH - witness the signature.