

## Instructions for Delegation of Parental Authority (DPA)

### Step 1: Prepare your DPA

Use the [Do-It-Yourself Delegation of Parental Authority](#) tool.

### Step 2: Sign the DPA

Michigan law says a Delegation of Parental Authority is valid without a notary's signature or witnesses' signatures. **However, some doctors, schools, or others may be more likely to accept it if the form is notarized and witnessed.** If you can find witnesses and a notary, it is best to have them witness your signature and sign the form.

Some other states require a DPA to be witnessed and notarized. If you have it witnessed and notarized, you can increase the chances that it will be accepted in another state, if needed. Also, health care professionals, schools, and others who will interact with this form are not legal experts. Even though people should accept the form without the signatures of witnesses and a notary, there is a chance they might not be sure if they should do what it says. Having the form witnessed and notarized may reassure doctors' offices and schools that the form is valid.

Notaries are often available at county offices, such as a county clerk, as well as banks, credit unions, law offices, and insurance companies. Some notaries will only sign documents as part of their employment. Call first to make sure the notary is willing to help with a document like this, and to find out whether they charge a fee.

**If you are having your form notarized**, do not sign the form until you are in front of the notary. Bring two witnesses with you. Sign the form in front of the witnesses and notary at the bottom of the first page where it says "Signature of Parent[s]". After you sign (and the other parent, if signing), the witnesses should sign at the top of the second page where it says "Witnesses." They should sign their name on the top line, and then print it clearly on the line directly below their signature. After you and the witnesses sign, give the form to the notary and they will complete their portion.

**If you are not using witnesses and a notary**, sign your form at the bottom of the first page where it says "Signature of Parent[s]."

### Step 3: Optional: Attach Health Care Documents

If you included information about your children's health care providers and medical information, it will be produced on the form called "Health Information Addendum." This page is not required, but can be helpful to the person you named as caregiver.

It can also be helpful for the caregiver to have a copy of your children's medical insurance card. If you want to make a copy of the front and back of the insurance card, attach it after the Health Information Addendum.

### Step 4: Decide where to store the original DPA

Keep the DPA in a safe place. If your agent (the person you name to care for your child) will use the form right away, give the original to the agent.

Some people choose to keep the original themselves if they are not leaving their child with the person named in the form right away.

What you do depends on how you are using the form and what feels safe to you. Keeping the form yourself ensures that the person you named does not assert parental authority before you want them to. Giving the original form to the person you named ensures that if an emergency arises, they will be able to make decisions right away without looking for paperwork first.

**Step 5: Make copies of the DPA and distribute it**

Make at least one copy of the DPA. Keep a copy for your own records when you give the original to the person who will care for your child. The caregiver will need the original signed form at the time they want to use it, so if you choose to keep the original yourself, make sure the person you named in the form knows how they can find the DPA if an emergency arises.

## Delegation of Parental Authority/Delegación a poder paternal

We, \_\_\_\_\_ and  
Name of parent #1  
 \_\_\_\_\_, wish to temporarily  
Name of parent #2  
 leave our minor child \_\_\_\_\_  
name of child(ren)  
 in the care and custody of \_\_\_\_\_,  
name of agent  
 who lives at \_\_\_\_\_,  
Street address  
 \_\_\_\_\_, Michigan \_\_\_\_\_.  
City zip code

We appoint and vest in our Agent full powers as a substitute parent, giving them the authority to do anything and everything required for our child's care. We also authorize our Agent to do any of the things that we, as a parent, could do on behalf of our child. We specifically authorize \_\_\_\_\_

Name of agent

to:

- (1) Consent to medical and/or dental care for our child;
- (2) Enroll our minor child in appropriate schools and/or educational programs;
- (3) Act or consent to any and all acts with respect to our child's health and well-being, except the power to consent to guardianship, adoption, or marriage.

This delegation of parental powers is given pursuant to MCL 700.5103, and will become effective on \_\_\_\_\_. This power expires six (6) months from the date it begins or on my declaration, whichever comes first.

Nosotros, \_\_\_\_\_ y  
Nombre de padre #1  
 \_\_\_\_\_, deseamos dejar  
Nombre de padre #2  
 temporalmente a nuestro hijo(s) menor(es),  
Nombre de hijo(s)  
 \_\_\_\_\_, al cuidado y  
 custodia de \_\_\_\_\_,  
nombre de agente  
 quien vive en \_\_\_\_\_,  
domicilio  
 \_\_\_\_\_, Michigan \_\_\_\_\_.  
Ciudad código postal

Designamos y otorgamos a nuestro Agente todo poder como padre sustituto, dándole la autoridad para hacer todo lo que sea necesario para el cuidado de nuestro/a hijo/a. También autorizamos a nuestro Agente a hacer cualquiera de las cosas que nosotros, como padres, podríamos hacer en nombre de nuestro hijo. Específicamente autorizamos a \_\_\_\_\_

Nombre de agente

para:

- (1) Dar consentimiento a atención médica y/o dental de nuestro hijo;
- (2) Inscribir a nuestro hijo menor de edad en escuelas y/o programas educativos apropiados;
- (3) Actuar o dar consentimiento a todos y cada uno de los actos relacionados con la salud y el bienestar de nuestro hijo, excepto el poder de consentir la tutela, la adopción o el matrimonio.

Esta delegación de poderes parentales se otorga de conformidad con MCL 700.5103 y entrará en vigencia el \_\_\_\_\_. Este poder expira seis (6) meses de la fecha en que inicia o a mi declaración, lo ocurra primero.

Signature of Parents/*firma de padres*:

/s/ \_\_\_\_\_

Parent/madre

/s/ \_\_\_\_\_

Parent/padre

NOTE: Michigan does not require this document to be witnessed and notarized. If you wish to have this form witnessed and notarized, do so here:

Ojo: Michigan no exige que este documento sea certificado ante un testigo o notariado. Si desea que este formulario sea certificado ante un testigo o notariado, hágalo aquí:

Witnesses/testigos:

/s/ \_\_\_\_\_

/s/ \_\_\_\_\_

Print name of witness 1, if any:

Print name of witness 2, if any:

Escriba nombre de testigo #1, si lo hay:

Escriba nombre de testigo #2, si lo hay

\_\_\_\_\_

\_\_\_\_\_

STATE OF MICHIGAN )  
ESTADO DE MICHIGAN )  
\_\_\_\_\_ COUNTY )  
\_\_\_\_\_ CONDADO )

Acknowledged before me and the witnesses, \_\_\_\_\_ and \_\_\_\_\_ in  
\_\_\_\_\_ County, Michigan, on \_\_\_\_\_ by \_\_\_\_\_  
*County name* *Date* *Parent #1 name*  
and \_\_\_\_\_ by:  
*Parent #2 name*

Reconocido ante mí y los testigos, \_\_\_\_\_ y \_\_\_\_\_ en  
el condado de \_\_\_\_\_, en Michigan, el \_\_\_\_\_ por \_\_\_\_\_  
*Nombre de condado* *fecha* *Nombre de padre #1*  
y \_\_\_\_\_ por:  
*Nombre de padre #2*

/s/ \_\_\_\_\_

Notary public/Notario publico: \_\_\_\_\_

State of Michigan, County of \_\_\_\_\_.  
Estado de Michigan, Condado de \_\_\_\_\_.

My commission expires \_\_\_\_\_  
Mi comisión expira \_\_\_\_\_

## Health Information Addendum

<p><b>Health Insurance Information</b></p> <p>Our health insurance carrier is:</p> <p>Name: _____</p> <p>Policy number: _____</p> <p>group number: _____</p>	<p><b><i>Información de seguro medico</i></b></p> <p><i>Nuestro proveedor de Seguro médico es:</i></p> <p><i>Nombre:</i> _____</p> <p><i>Numero de póliza:</i> _____</p> <p><i>Numero de grupo:</i> _____</p>
<p><b>Hospital Preference</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p>	<p><b><i>Preferencia de hospital</i></b></p> <p><i>Nombre:</i> _____</p> <p><i>Dirección:</i> _____</p> <p>_____</p>
<p><b>Health Care Providers</b></p> <p>Type of provider: _____</p> <p>Name of provider: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone number: _____</p>	<p><b><i>Proveedores de cuidado de salud</i></b></p> <p><i>Tipo de proveedor:</i> _____</p> <p><i>Nombre de proveedor:</i> _____</p> <p><i>Dirección:</i> _____</p> <p>_____</p> <p><i>Número de teléfono:</i> _____</p>

**Information about Medical Conditions**

*Información sobre condiciones medicas*

Allergies/*alergias:* \_\_\_\_\_

medical conditions/*condiciones medicas:* \_\_\_\_\_

Medications/*medicamentos:* \_\_\_\_\_

May NOT have the following medications/*no puede tomar los siguientes medicamentos:* \_\_\_\_\_

\_\_\_\_\_

Other health information/*otra información sobre salud:* \_\_\_\_\_