



GROSSE POINTE MEMORIAL CHURCH

LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and Consent

September 18, 2011 – February 18, 2012

Name of Dependent \_\_\_\_\_ Birth date \_\_\_\_\_

Allergies/Illnesses \_\_\_\_\_

Medications being taken \_\_\_\_\_

I hereby grant to the following individuals:

Matthew Wrzeszcz, or Lisa Turner, or any designated Advisors of the Grosse Pointe Memorial Church (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330 the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

This limited power of attorney is given pursuant to the provision of P.A. 1998 No. 386, Section 5103 of the Estates and Protected Individuals Code, as amended, and is effective September 18, 2011 to February 18, 2012. I agree to accept responsibility for all expenses incurred for medical treatment for the above-named child.

Signature of Parent or Legal Guardian \_\_\_\_\_ Relationship to child \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Insurance Card Numbers \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_



**GROSSE POINTE MEMORIAL CHURCH**  
**LIMITED POWER OF ATTORNEY**  
 For Emergency Medical Treatment, Travel and Consent  
 January 1, 2012 – July 1, 2012

Name of Dependent \_\_\_\_\_ Birth date \_\_\_\_\_

Allergies/Illnesses \_\_\_\_\_

Medications being taken \_\_\_\_\_

I hereby grant to the following individuals:

Matthew Wrzeszcz, or Lisa Turner, or any designated Advisors of the Grosse Pointe Memorial Church (U. S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI 48236-3783, (313) 882-5330 the Limited Power of Attorney to act for me by giving the required consents and authorizations for travel and for the delivery of necessary medical care, diagnoses and treatment to the above-named child and to do all other necessary things as I might or could do if personally present. Any Advisor may act under this Power of Attorney.

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\_\_\_\_\_  
 Signature of Parent or Legal Guardian                      Relationship to child                      Date

\_\_\_\_\_  
 Street Address                      ,                      City, State, Zip

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Insurance Card Numbers \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_