



POWER OF ATTORNEY
CHILD CUSTODY AND CARE for Emergency Medical Treatment Only

I, _____, parent of the
minor child, _____, born on _____,

grant to Downriver Youth Performing Arts Center (DYPAC), a Michigan non-profit corporation located in Trenton, Michigan, and to its agents, the following special power of attorney for the temporary custody and care of the minor child during rehearsals, performances, special events and camp.

DYPAC shall have all power and authority to make and execute decisions concerning the care and welfare of my child which I would have were I physically present in an emergency situation, including:

1. To arrange medical care, including hospitalization and transportation (emergency use only);
2. To give or refuse consent for medical or surgical procedures (emergency use only);
3. To release medical or educational history.

This power of attorney does not grant the power to consent to marriage or adoption or to release my child for adoption. It is limited to six months from its date. MCL 700.405; MSA 27.5405.

I warrant to all persons who may reasonably rely upon this power and the representations of DYPAC that I will indemnify them against loss or liability arising from their reliance.

Parent Signature

On _____, 20__ appeared before me, _____, who signed this power of attorney and acknowledged it to be his/her own free act and deed.

_____, Notary Public
Acting in Wayne County

Trenton Village Theatre
2447 West Jefferson/Trenton/Michigan/48183