

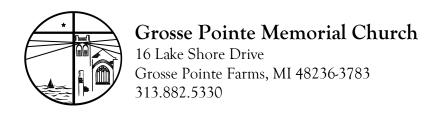
Note: Each child needs 2 POAs:

- (1) September 2024 March 2025
- (1) March September 2025

LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and Consent September 15, 2024 - March 15, 2025

Name of Dependent:	birth date:
Allergies/Illnesses:	
Medications being taken:	
I hereby grant to the following individuals:	
the Grosse Pointe Memorial Church (U. 48236-3783, (313) 882-5330, the Limited the required consents and authorizations	, Annie Prentice, or any of the designated Advisors of S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI Power of Attorney to act for me by giving for travel and for the delivery of necessary medical care, ed child and to do all other necessary things as I might risor may act under this Power of Attorney.
Estates and Protected Individuals Code, as an	ant to the provision of P.A. 1998 No. 386, Section 5103 of the nended, and is effective September 15, 2024 – March 15, 2025. I neutred for medical treatment for the above-named child.
Signature of Parent or Legal Guardian	Relationship to child Date
Street Address	City, State, Zip
Phone: Home	Work:
Parent Cell	Parent Cell
Health Insurance Company	Policy Numbers:
Emergency Contact's Name	Relationship to child
Best Phone Number	Backup Phone Number



Note: Each child needs <u>2</u> POAs:

- (1) September 2024 March 2025
- (1) March September 2025

LIMITED POWER OF ATTORNEY

For Emergency Medical Treatment, Travel and Consent March 16, 2025 – September 16, 2025

Name of Dependent:	Birth date:
Allergies/Illnesses:	
Medications being taken:	
I hereby grant to the following individuals:	
the Grosse Pointe Memorial Church (U. 48236-3783, (313) 882-5330, the Limited the required consents and authorizations	Annie Prentice, or any of the designated Advisors of S. A.), 16 Lakeshore Drive, Grosse Pointe Farms, MI Power of Attorney to act for me by giving s for travel and for the delivery of necessary medical care, ed child and to do all other necessary things as I might visor may act under this Power of Attorney.
the Estates and Protected Individuals Code,	suant to the provision of P.A. 1998 No. 386, Section 5103 of as amended, and is effective March 16, 2025 – September 16, penses incurred for medical treatment for the above-named child.
Signature of Parent or Legal Guardian	Relationship to child Date
Street Address	City, State, Zip
Phone: Home	Work:
Parent Cell	Parent Cell
Health Insurance Company	Policy Numbers:
Emergency Contact's Name	Relationship to child
Best Phone Number	Backup Phone Number