LIMITED POWER OF ATTORNEY
FOR IMMUNIZATION AND NUTRITIONAL SERVICES

I, __________________[name], residing at ___________________[address], hereby appoint ______________________[name] as my agent ("Agent" to make immunization health care and nutritional decision for my minor child __________________[name] ("Child"). I hereby authorize my Agent to determine the vaccines and/or nutritional services or products to be given to my Child. In relation to such vaccination and nutritional authority, I empower my Agent to sign any consents, or authorization or participation forms, including but not limited to any WIC enrollment forms and any medical consents as if my Agent was me. This Limited Power of Attorney shall also entitle my Agent to receive access to medical and/or nutritional records and to sign any medical service consents in the event that my Child has a physiological reaction to the vaccine or nutritional services. My Agent is empowered to execute on my behalf any release or consent to the disclosure of my Child's immunization and/or nutritional record.

This limited power of attorney shall be valid between _____________[beginning date] until ________________[ending date] unless I provide to a provider an unequivocal written revocation of this specific power of attorney.

By signing below, I attest that I have thoroughly read this Limited Power of Attorney for Immunization and Nutritional Services, that I understand its content, and that I am fully authorized to execute it.

___________________________________ ____

Signature of Parent or Legal Guardian Printed Name of Parent or Legal Guardian

Date: _________________

I, a notary public, hereby attest that the person named above appeared before me on the date below and affixed his or her signature to this document as depicted above.

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Notary Public, State of Michigan
County of __________________
Acting in ___________County
My Commission Expires on ________________
Date: ____________________