

OHIO LIMITED POWER OF ATTORNEY FOR CHILD CARE

We, _____ and _____, presently residing at _____, as the parent(s) and/or custodian(s) of _____, hereinafter referred to as the child/children, hereby delegate to _____, hereinafter referred to as my/our agent, the authority to act in my/our place and stead with respect to each of the following powers:

1. To consent to any necessary medical treatment, surgery, medication, therapy, hospitalization or other such care of or for the child/children;
2. To employ, retain or discharge any person who may care for, counsel, treat or in any manner assist the child/children.
3. To exercise the same parental rights I/we may exercise with respect to the care, custody and control of the child/children, and the discretion to exercise the same rights in my/our agent's home or any other place selected by my/our agent in his/her discretion.
4. To perform all other acts necessary, or incidental to the execution of the powers enumerated herein;

Any lawful act performed by my/our agent shall be binding upon myself/ourselves, my/our heirs, beneficiaries, personal representatives and assigns. I/We reserve the right to amend or revoke this Limited Power of Attorney at any time hereafter; provided, however, any institution or other party dealing with my agent may rely upon this Limited Power of Attorney until receipt by it of a duly executed copy of my revocation thereof.

