OHIO LIMITED POWER OF ATTORNEY FOR CHILD CARE

We,	and	, presently residing at
	, as the pa	rent(s)and/or custodian(s) of
	, hereir	nafter referred to as the child/children, hereby
delegate to		, hereinafter referred to as my/our agent, the
authority to act i	n my/our place and	d 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.



Any reproduced copy of this signed original shall be deemed to be an original counterpart of this Limited Power of Attorney. This Limited Power of Attorney shall not be affected by any legal incapacity during my lifetime, except as provided by statute.

This Limited Power of Attorney sha	
	nd terminate upon a subsequent written revocation
or on	, whichever shall occur first.
Dated:	
Signatures:	
STATE OF)
COUNTY OF) SS)
BE IT REMEMBERED, that	t on this,
	, a Notary Public in and for said County and State, and acknowledged the signing of the
foregoing instrument, and that the s	ame is his voluntary act and deed.
IN TESTIMONY WHEREOF,	I have hereunto subscribed my name and affixed my
notarial seal on the day and year fire	st above written.
	Notes D. I.E.
	Notary Public
	My Commission Expires:

