

Designation of Authorized Caregiver

Patient Name: _____ Date of Birth: _____

Pursuant §5-1551-1555 of the New York State General Obligations law.

1. I, _____, hereby state that I am the parent or legal guardian of the child or incapacitated person named below and there are no Court Orders now in effect in any jurisdiction that would prohibit me from exercising the power that I now seek to authorize.

2. The address and telephone number(s) where I can be reached while this designation is in effect are:

Address: _____

Telephone: Home: _____

Work: _____

Cell: _____

3. I am temporarily entrusting _____, a person over the age of eighteen who resides at _____, Telephone# _____ to care for the following child or incapacitated person(s):

Name: _____ **Date of Birth:** _____

4. Any authority granted to the person in parental relationship pursuant to this form shall be valid (note this designation cannot be used for more than 6 months).

- ___A. for six(6) months from the date of signature of this designation, or until the date of revocation, whichever occurs first, or
- ___B. For thirty (30) days from the date of signature of this designation, or until the date of revocation, whichever occurs first, or
- ___C. from _____(date) until and including _____(date) or until the date of revocation, whichever occurs first, or
- ___D. commencing upon _____ (state event) and continuing until _____, or until the date of revocation, whichever occurs first.

Patient Name: _____ Date of Birth: _____

5. As to the above name child or incapacitated person, the person in parental relationship named above is authorized to **(please check and initial all that apply)**

- _____ consent to general healthcare
- _____ consent to immunizations
- _____ consent to developmental screenings
- _____ consent to mental health examination.

• **Except as prohibited by 2504 of NYS Public Health Law**

Any of the above authorizations may be further limited by conditions defined by the parent, and, if limited, the limitations are written below (example – the parent may want to exclude a certain immunization from the authority to consent).

6. **Notice to Parents and Persons in Parental Relations:**

- Authorizations are valid until the earlier of revocation by a parent or the specified date.
- Parent having signed this designation may revoke it at will, but must notify CFH provider.
- The individual who received the notification from a parent of such revocation, shall also notify CFH staff or providers.

This authorization is temporary, but may be renewed by the parent(s) or legal guardian(s). However, parents/legal guardians and persons in parental relation involved in long-term care giving arrangement may seek a more permanent legal arrangement by commencing a judicial proceeding to appoint legal guardianship or to determine custody.

Note: All signatures below must be notarized if authorization is for a period exceeding 30 days.

Parent signature _____ **date:** _____

Subscribed and sworn to before me this

_____ Day of _____ 20_____.

Notary Public

Patient Name: _____ Date of Birth: _____

7. I, _____, am also the parent or legal guardian of the child or incapacitated person named herein, there is a Court Order directing that both parents must agree on health decisions concerning such child or incapacitated person, and I hereby consent to this designation by my signature below:

The address and telephone numbers where I can be reached while this designation is in effect are:

Address: _____

City: _____ State: _____ zip code: _____

Telephone (home) _____ work: _____ cell _____

Parent signature _____ **date:** _____

Subscribed and sworn to before me this

_____ Day of _____ 20____.

Notary Public

8. I, _____, am also the parent or Leal guardian of the child/incapacitated person named herein, hereby consent to this designation by my signature below **(Must be completed for all designations greater than 30 days)**.

Signature: _____ **Date:** _____

Subscribed and sworn to before me this

_____ Day of _____ 20____.

Notary Public