

Parent Designation to Permit Another Person to Consent for Health Care

1. I/we hereby state that I am/we are parent(s) of the child(ren) named below and there are **no court orders now in effect that would prohibit the exercise of the power that I/we now seek to authorize.**
2. This designation shall permit _____, (designee) to give consent for health care services for the following individuals:

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

Name

Date of Birth

3. This designation shall be valid from _____ until and including _____.

4. As to the above named child(ren), the designee is authorized to:

_____ Consent to immunizations

_____ Consent to general health care, including examination and treatment

_____ Consent to dental care

_____ Consent to developmental screening

_____ Consent to mental health examination and or treatment

The designee's authority is limited as follows:

The word "parent" is specifically used in the statute, and therefore it is questionable whether a non-parent legal guardian has the power to delegate authority to a designee under the law. *General obligations Law § 5-1551*.

Parents may appoint a designee for minor children, as well as incapacitated children.

If a court has ordered that **both parents** must agree on health care decisions, **both parents** must sign this designation.

5. **Revocation:** I understand that this designation shall be revoked by any of the following:
- a. A parent may revoke a designation by notifying the healthcare provider **either verbally or in writing, or by any other act evidencing a specific intent to revoke the designation, or by executing a subsequent designation.**
 - b. If both parents have signed this designation, and either of the parents revokes it, the authority of the designee is revoked.
 - c. A designee must notify all appropriate health care providers of any revocation of his or her authority.
 - d. If the parent who signed a designation becomes incapacitated or dies, the designation is revoked.

Parent's signature

Date

Parent's Name (Please print)

Telephone Number

Patient's address

On this ____ day of _____, 201__, before me the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Parent's Signature

Date

Parent's Name (please print)

Telephone Number

Parent's Address

On this ____ day of _____, 201__, before me the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

Designee's Signature

Date

Designee's Name (Please Print)

Telephone Number

Designee's Address

On this ____ day of _____, 201__, before me the undersigned, a notary public in and for said state, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.