OCFS-4940 (2/2010)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP

Pursuant to section 5-1551 of the New York State General Obligations Law.

1. I, _____, hereby state that I am the parent of the child/children/incapacitated person(s) 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 is:

Address: _____

_____

Telephone: Home ( ) _____; Work ( ) _____

Other ( ) _____

3. I am temporarily entrusting _____, a person over the age of eighteen who resides at _____, _____, New York, telephone number ( ) _____, the care of the following child/children/incapacitated person(s):

_____{NAME} date of birth _____

_____{NAME} date of birth _____

_____{NAME} date of birth _____

_____{NAME} date of birth _____

4. Any authority granted to the person in parental relationship pursuant to this form shall be valid (check appropriate box and initial):

☐ _____ a. for six months days from the date of signature of this designation, or until the date of revocation, whichever occurs first (must include all parties addresses and telephone numbers and be signed by all parties in the presence of a notary public), or

5. As to the above named child/children/incapacitated person(s), the person in parental relationship named above is authorized to:
(cross out and initial any that do not apply)

a. review school records;

b. enroll in school;

c. excuse absences from school;

d. consent to participation in school program and/or school-sponsored activity;

e. consent to school-related medical care;*

f. enroll in health plans;

g. consent to immunizations;*

h. consent to general health care;*

i. consent to medical procedures;*

j. consent to dental care;

k. consent to developmental screening; and/or

l. consent to mental health examination and/or treatment.

* Except as prohibited by Section 2504 of the 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 (e.g., the parent may grant the authority to consent to a mental health examination, subject to the condition that they cannot be reached by telephone or other electronic means).

_____

_____

_____

6. I further authorize the person in parental relationship to request, receive and review, and be granted full and unlimited access to, and obtain complete unredacted copies of any and all of health, medical, financial information and/or any information and/or records as defined in

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

Dated:

(Parent signature) _____

Sworn to before me this

_____ day of _____ 20_____.

_____

Notary Public

8. I, _____, am also the parent of the child/children/incapacitated person(s) named herein, there is a Court Order directing that both parents must agree on education and/or health decisions concerning such child/children/incapacitated person(s), and I hereby consent to this designation by my signature below.

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

Address: _____

_____

Telephone: Home ( ) _____; Work ( ) _____

Other ( ) _____.

Dated:

(Parent signature) _____

Sworn to before me this

_____ day of _____ 20_____.

_____

Notary Public

9. I, , the person designated in parental relationship for the child/children/incapacitated person(s) named herein, hereby consent to this designation by my signature below.

Instructions for DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP, pursuant to section 5-1551 of the New York State General Obligations Law.

PURPOSE OF THIS FORM:

This form will allow you to designate another person to make medical and educational decisions for your child(ren) or incapacitated person(s) in your care if you can't do so yourself for a specific period of time. This authorization can only be used for a period of up to six months. If you will need to have your child(ren)/incapacitated person(s) in the care of someone else for more than six months, you may wish to consider other options.

If there is a Court order that requires both parents to agree on education and/or health decisions regarding the child(ren), then both parents must sign the form. If not, only one parent's signature is required.

You keep all

- **Use (a)** if you want this designation to be valid for six months. If you choose this option, you must provide the address and telephone number for the parent(s) and the other person, and all the signatures must be notarized.

- **Use (b)** if you want this designation to be valid for thirty days. You do not have to include addresses and telephone numbers with this choice, but it is suggested that you do so in the event that medical or educational care providers need to contact you.

- **Use (c)** if you want to use specific dates, for a period of less than or more than thirty days. Remember, this designation cannot be used for more than six months, and you must include addresses, telephone numbers, and notarized signatures if you want it to be good for more than thirty days.

- **Use (d)** if you want this designation to begin when something specific, such as in the event you are hospitalized. For this, you write the specific event in the first space provided (example: “When I am admitted to a hospital”) and write the date or the event upon which the designation should expire in the second space (example: “thirty days later” or “when I am released from the hospital”). Again, you must include addresses, telephone numbers, and notarized signatures if you want it to be good for more than thirty days.

Paragraph 5: List each of the things you wish the person you designate to be able to do. Cross out and initial EACH item that you do NOT wish to allow the person you designate to perform. If there are other things you want to prevent the person from doing, use the blank lines below the list to write those down. For example, if you want to be contacted before any mental health examination is performed, you can write that in the space provided.

Paragraph 6: This paragraph allows the person you designated to have access to your child(ren)’s/incapacitated person(s)’ medical records and medical information.