

Designation of Authorized Caregiver

Pursuant to §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/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 are:
Address: _____
Telephone: Home () _____; Work () _____ Other () _____

3. I am temporarily entrusting _____, a person over the age of eighteen who resides at _____, telephone number () _____ to care for 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 (note this designation cannot be used for more than 6 months): *[Check appropriate box and initial]*
 ___ 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 (use this option to specify a period of less than 30 or more than 30 days but less than 6 months).
 ___ d. commencing upon _____ (state event) and continuing until _____, or until the date of revocation, whichever occurs first.

5. As to the above named child/children/incapacitated person(s), the person in parental relationship named above is authorized to (please check and initial all that apply and cross out and initial any that do not):
 _____ consent to general healthcare*
 _____ consent to immunizations
 _____ consent for developmental screening
 _____ 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 (e.g. the parent may want to exclude a certain immunization from the authority to consent).

Patient Name: _____ Date of Birth: _____

6. Notice to Parents and Persons in Parental Relation: Authorization pursuant to this form is valid until the earlier of revocation by a parent or the date specified in paragraph 4 above. Any parent having signed this designation may revoke such authorization at will, and may notify Crystal Run Healthcare providers of such revocation. A person in parental relation who received notification from a parent of such revocation, shall forthwith notify Crystal Run Healthcare and any other health care provider to which an authorization pursuant to this title has been presented. Failure by the person in parental relation to notify recipients of the authorization or the revocation shall not make notification of the revocation by the parent ineffective.

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

7. I, _____, am also the parent or legal guardian of the child/children/incapacitated person(s) named herein, there is a Court Order directing that both parents must agree on 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 are:

Address: _____

Telephone: Home () _____; Work () _____ Other () _____

(Parent signature) _____ Date: _____

Subscribed and sworn to before me this

_____ day of _____ 20 _____.

Notary Public

8. 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 **(Must be completed for all designations greater than 30 days).**

(Signature) _____ Date: _____

Subscribed and sworn to before me this

_____ day of _____ 20 _____.

Notary Public