

**Parent Designation to Permit Another
Person to Consent for Health Care**

1. I/we hereby state that I am/we are the 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 _____ (maximum of six months)

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

- Consent to immunize
- 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 to as follows:



Revocation: I understand that this designation shall be revoked by any of the following:

- A parent may revoke a designation by notifying the health care provider either orally or in writing, or by any other act evidencing a specific intent to revoke the designation, or by executing a subsequent designation.
- If both parents have signed this designation, and either of the parents revokes it, the authority of the designee is revoked.
- A designee must notify all appropriate health care providers of any revocation of his/her authority.
- 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

Parent's address

On this _____ day of _____, 20____, 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 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 _____, 20____, 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 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



297 Spindrift Drive
Williamsville, NY 14221

On this _____ day of _____, 20____, 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 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



**Live
Skin
Healthy**