

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

1. I/we hereby state that I am/we are the parent(s)<sup>1</sup> 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.**<sup>2</sup>

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 is for the medical visit on \_\_\_\_/\_\_\_\_/\_\_\_\_ (maximum 30 days). No Notary required

4. This designation shall be valid from \_\_\_\_\_ until and including \_\_\_\_\_ (maximum of six months). – for any consent over 30 days – **notary public required is REQUIRED.**

5. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note that the Second Page of this form **MUST BE FILLED OUT** in full and **SIGNED** by **AT LEAST ONE PARENT** as well as by the **DESIGNEE**. Incomplete form will be rejected.

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

**You can email** the form to the pediatrician’s email or to [yourdoctor@mybodhi.com](mailto:yourdoctor@mybodhi.com)  
**or fax to:** 212-624-0220.

<sup>1</sup> 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.

<sup>2</sup> If a court has ordered that both parents must agree on health care decisions, both parents must sign this designation.

6. **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.

X  
 Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent's Name (please print) \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Parent's Address \_\_\_\_\_

For any Parent Designation for period greater **than 30 days Notary Public is REQUIRED:**

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 the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
 Notary Public

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

\_\_\_\_\_  
 Second Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Second Parent's Name (please print) \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Second Parent's Address \_\_\_\_\_

For any Parent Designation for period greater **than 30 days Notary Public is REQUIRED:**

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 the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

**DESIGNEE- MUST SIGN:**

\_\_\_\_\_  
 Notary Public

X  
 Designee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Designee's Name (please print) \_\_\_\_\_ Telephone Number \_\_\_\_\_  
 Designee's Address \_\_\_\_\_

For any Parent Designation for period greater **than 30 days Notary Public is REQUIRED:**

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 the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
 Notary Public