

**DESIGNATION OF PERSON IN PARENTAL RELATIONSHIP**

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

I, \_\_\_\_\_ hereby state that I am the parent of the child/children/incapacitated person(s) named below. There are no Court Orders currently in effect in any jurisdiction that would prohibit me from designating another to serve in a parental relationship. There are no Court Orders requiring that both parents agree on education or health decisions regarding the child/children/incapacitated person(s) named below.

1. My full name, permanent address and phone number are:

Name: \_\_\_\_\_

Address, Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Tel # \_\_\_\_\_

Currently, I am staying at a different location. I can be reached at the following address and phone during the period covered by this designation:

Address, Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Tel # \_\_\_\_\_

2. The child/children/incapacitated person(s) covered by this designation are:

Name	Date of Birth
Name	Date of Birth
Name	Date of Birth
Name	Date of Birth

3. The person, over the age of eighteen, I designate to act in parental capacity is:

Name: \_\_\_\_\_

Address, Apt #: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Tel # \_\_\_\_\_

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

\_\_\_\_\_ a. for twelve months 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

\_\_\_\_\_ b. for thirty 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; or

\_\_\_\_\_ d. commencing upon (state event) \_\_\_\_\_

and continuing until \_\_\_\_\_ or until the date of revocation, whichever occurs first.

5. As to the children named in this form, the person in parental relationship named above is authorized to (check those that apply):

review school records

enroll in school

excuse absences from school

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

consent to school-related medical care\*

enroll in health plans

consent to immunizations\*

consent to general health care\*

consent to medical procedures\*

consent to dental care

consent to developmental screening; and/or

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 she/he 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 health, medical, financial information and/or any information and/or records as defined in 45 CFR. §164.501 and regulated by the Standards for Privacy of Individually Identifiable Health Information found in 65 Fed. Reg. 82462 as protected private records or otherwise covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, for each child/incapacitated person listed in paragraph 1 above.

I understand that the information contained in such health and medical records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), AIDS-related complex (ARC) and human immunodeficiency virus (HIV), behavioral or mental health services, treatment for alcohol and/or drug abuse and/or addiction.

I further understand that I may have access to and/or receive an accounting of the information to be used or disclosed as provided in 45 CFR §164.524, et seq. I further understand that authorizing the disclosure of this health information is voluntary; that I can refuse to sign this authorization.

I further understand that any disclosure of this information carries with it the potential for an unauthorized further disclosure of this information by third parties and that such further disclosure may not be protected under HIPAA. In order to induce the disclosing party to

disclose the aforesaid private and/or protected confidential information, I forever release and hold harmless said disclosing party who relies upon this instrument from any liability under confidentiality rules arising under HIPAA as a consequence of said disclosure.

7. 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 relevant schools and health care providers of such revocation. A person in parental relation who receives notification from a parent of such revocation, shall forthwith notify any school, health care provider or health plan to which an authorization pursuant to this subdivision has been presented. Failure by the person in parental relation to notify recipients of the authorization or the revocation shall not make notification of revocation by the parent ineffective.

This authorization is temporary but may be renewed by the parent(s). However, parents and persons in parental relation involved in a 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

**8. Parent Signature:**

Dated: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_

Notary Public  
(Affix Notary Stamp or Seal)

**9. Designee Signature:**

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

Dated: \_\_\_\_\_ Designee Signature: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally came \_\_\_\_\_, known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

\_\_\_\_\_

Notary Public  
(Affix Notary Stamp or Seal)