

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DE SIGNATION 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: _____

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

\_\_\_\_\_ a. for 12 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 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; or

\_\_\_\_\_ 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:  
(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
- 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).

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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 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 3 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 relationship 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 relationship 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.

Dated:    /    /    (Parent's 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's 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.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Signature \_\_\_\_\_

Sworn to before me this

\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_

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