

LEGAL FACT SHEET

Parental Designation of Children's Caregiver for Thirty Days or Less*

NOTICE TO PROVIDERS OF EDUCATIONAL AND HEALTH SERVICES

This designation is made pursuant to New York's General Obligations Law Article 5 §§ 1551-1555

1.) I am the parent of the child/children/incapacitated person(s) named below

- a. _____ date of birth _____
- b. _____ date of birth _____
- c. _____ date of birth _____

2.) I designate _____ to be the caregiver and to be the person in parental relation for the purposes of my child's

- ☐ Education; and/or
- ☐ Health.

In accord with the laws of the State of New York, and to have full authority for one or both areas of law that are checked above for a period of: (check one)

- ☐ 30 days from the date of signature of this designation, or until date of revocation (orally or in writing) whichever occurs first; or
- ☐ Commencing upon _____ (state event) and continuing until _____, or until the date of revocation (orally or in writing), whichever comes first, **but in no instance shall be longer than 30 days from the commencing event.**

3.)

- ☐ I do not have any specific instructions for the caregiver; or
- ☐ I do have specific instructions for the caregiver. I want the caregiver to:

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4.) Set forth below is the information for myself and my designee:

	Parent Making Designation	Designee as Person in Parental Relationship
Name:		

5.) (Check one):

- ☐ There is no court order in effect that requires both parents to agree on health care and/or medical decisions.
- ☐ There is a court order in effect that requires both parents agree on health care and/or medical decisions.

6.) I declare that there is no court order in effect that bars me from making this designation.

PARENT'S CONSENT

Date: _____

Parent's Signature

OTHER PARENT'S CONSENT (if required)

I _____ am also the parent of the child/children/incapacitated person(s) named herein **and there is Court Order directing that bother parents must agree on education and/or health decisions concerning such person**, and I hereby consent to this designation by my signature below.

Date: _____

Co-Parent's Signature

CAREGIVER'S CONSENT

(Note: The caregiver may sign this form at any time after the parent signs. It is not necessary for the form to be signed by both the parent and caregiver on the same day.)

I _____, the caregiver, hereby consent to assume the responsibilities and duties of a person in parental relationship for the child/children/incapacitated person(s) named herein.

Date: _____

Caregiver's Signature

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The above information is not legal advice. It is not a substitute for consulting an attorney. Up-to-date legal advice and legal information can only be obtained by consulting with an attorney. Any opinions, legal opinions, findings, conclusions or recommendations expressed in this publication or on the NYS Kinship Navigator website or by any person or entity to whom you may be referred are those of the Kinship Navigator, Catholic Charities Family and Community Services and/or the person or entity you are referred to and do not necessarily represent the official views, opinions, legal opinions or policy of the State of New York and/or the New York State Office of Children and Family Services (OCFS). NYS Kinship Navigator is a Catholic Charities Family and Community Services program, funded by the New York State Office of Children and Family Services. Catholic Charities Family and Community Services is the only agency authorized by New York State to provide a statewide information and referral service to kinship caregivers. The information herein is published by the NYS Kinship Navigator.