

# Saratoga Dermatology

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## 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

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Name

\_\_\_\_\_  
DOB

3. This designation shall be valid from \_\_\_\_\_ until and including \_\_\_\_\_ (maximum of six (6) months).

4. As to the above named child(ren), the designee is authorized to: \_\_\_\_\_ consent to general health care, including examination and treatment.

The designee's authority is limited as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. 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

1. 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.

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

**NOTARY PUBLIC PAGE**

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 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 signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's name - please print

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Parent's address

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

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 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 signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Parent's Address

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

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 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 signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Designee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Designee's Name (please print)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Designee's Address

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