

**AUTHORIZATION OF CAREGIVER CONSENT**

Use of this form is authorized by the New York State General Obligations Law.

1) I hereby state that I am the parent of the child(ren) named below and there are no court orders now in effect that would prohibit me from exercising the power that I now seek to authorize.

2) I am temporarily entrusting to \_\_\_\_\_, a person over the age of eighteen,  
(Name)

who resides at \_\_\_\_\_, the care of the following child(ren):  
(Address)

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Name Date of Birth

3) Any authority granted to a caregiver pursuant to this form shall be valid (check the appropriate box, initial and fill in any relevant blanks; specified time period may not exceed one year):

a. From \_\_\_\_\_ (date) until and including \_\_\_\_\_ (date), or until the date of revocation, whichever occurs first; or

b. For one year from the date of signature of the authorization, or until the date of revocation, whichever occurs first.

4) As to the above named child(ren), the caregiver named above is authorized to (parents should circle and initial any that apply):

a. Review school records	g. Consent to immunizations
b. Enroll in school	h. Consent to general health care
c. Excuse absences from school	i. Consent to surgery
d. Consent to participation in school program and/or school-sponsored activity	j. Consent to dental care
e. Consent to school-related medical care	k. Consent to developmental screening; and/or
f. Enroll in health plans	l. Consent to mental health examination and/or treatment

Any of the above authorizations may be further limited by conditions defined by the parent in writing on this form (e.g., the parent may grant the authority to consent to surgery, subject to the condition that they cannot be reached by phone or other electronic means).

5) NOTICE TO PARENTS AND CAREGIVERS:

Caregiver authorization pursuant to this form is valid until the earlier of revocation or one year from the date of signature of the authorization by the parent. A parent may revoke an authorization at will, and may notify relevant schools and health care providers of such revocation. A caregiver who receives notification from a parent of such revocation shall immediately notify any school, health care provider or health plan to which an authorization pursuant to this subdivision has been presented. Failure by the caregiver to notify recipients of the revocation shall not make notification of revocation by the parent ineffective.

This authorization is temporary, but may be renewed by the parent. However, parents and caregivers 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.

6) Signature and date.

\_\_\_\_\_  
(PARENT SIGNATURE)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
PARENT SIGNATURE (if applicable)

\_\_\_\_\_  
(DATE)

*(In cases of court order that parents must agree on education or health decisions, signatures of both parents are necessary.)*