

FORM 2.
PARENTAL APPOINTMENT OF YOUR CHILD'S CAREGIVER
FOR 6 MONTHS OR LESS

Filled Out by Parent (Do a separate form for each child)

I, (your name) _____, parent of (your child's name) _____
_____, date of birth (your child's date of birth) _____, choose
(caregiver's name) _____ to be the caregiver and the person able to make education
and healthcare decisions, including consent for routine and emergency medical treatment, for my child. This gives the care-
giver full authority for my child's education and health decisions from (start date) _____ to (end
date) _____ unless I say so otherwise. The caregiver's phone number is _____.
The caregiver's address is _____.
My phone number is _____ and my address is _____.

There is no court order in effect that stops me from making this appointment.

Sign Here: _____ Date: _____

Filled Out by Notary

STATE OF NEW YORK
COUNTY OF _____ ss.:

On the _____ day of _____, 20_____, before me personally came _____, known
to me to be the person described in and who signed the within document, and to me such person duly acknowledged that he/she executed same.

Notary Public

Filled Out by Caregiver

I, (your name) _____, consent to assume the responsibilities and duties of an appointed
caregiver (person in a parental relation) to this child.

Sign Here: _____ Date: _____

Filled Out by Notary

STATE OF NEW YORK
COUNTY OF _____ ss.:

On the _____ day of _____, 20_____, before me personally came _____, known
to me to be the person described in and who signed the within document, and to me such person duly acknowledged that he/she executed same.

Notary Public