

## Designation of Person in Parental Relationship Form Instructions

### You cannot use this form if:

- There is a Court Order in place now that would stop you from choosing (or “designating”) another person to serve in a parental relationship, from any Court, including outside of New York.
- There is a Court Order that now requires that both parents agree on education or health decisions for the children named in the form.

If you have a Court Order that requires both parents to agree on education or health decisions for the children, you can use the [OCFS-4940](#) form that has a space for the other parent to give consent to your decision in Paragraph 8.

### More information about this form

Before filling out this form, you need to know who you are going to choose (or “designate”) to care for your children and how long you want them to do so.

With this form, you are authorizing another person to temporarily care for your child.

You can choose for this authorization to be in effect for up to a year from the date of signature, thirty days from the date of signature, for a specific date range up to a year, or starting after a certain life event, such as entry into a hospital.

If you want the person to care for your children for longer than thirty days, you will need your address and the address of the person you are choosing to care for your children. Also, both you and the person you select will need to sign the form in front of a notary.

If you want the person to care for your children for fewer than thirty days, you do not need to provide your address and you do not need to sign the form in front of a notary.

## **Instructions for completing this form**

**Step 1.** Print your full name.

**Step 2.** In section 1, fill in your name, permanent address and telephone number.

If you are not living at your permanent address, provide the address where you will be staying during the period this authorization is in effect.

For example, if this authorization is to be used while you are hospitalized, you would use the hospital's address in the second address line. If you can be reached at a different phone number include that as well.

**Step 3.** In section 2, list the names and dates of birth of all the children and incapacitated persons in your care.

**Step 4.** In section 3, fill in the full name, address, and phone number of the person you have chosen to care for your children. This person will be called the "designee."

**Step 5.** In section 4, you will be choosing how long you want the authorization to be in effect for.

Remember, you can always cancel (or "revoke") this authorization sooner if you wish. Information about how to do that is included toward the end of these instructions.

**Check (✓) and initial (a)** if you want this authorization to be in effect for twelve

months from the date of signature. You will need to complete sections 1 and 3. Also, both you and the designee will need to sign the form in front of a notary.

**Check (✓) and initial (b)** if you want this authorization to be valid for thirty days. You are not required to include your addresses and telephone numbers in section 1 with this choice, but it is suggested that you do include that information if you can, in case doctors or teachers need to contact you.

**Check (✓) and initial (c)** if you want to specify a date for the authorization to begin and end. Remember, this authorization cannot be used for more than twelve months, and you must include addresses, telephone numbers, and notarized signatures if you want it to be good for more than thirty days.

**Check (✓) and initial (d)** if you want this authorization to begin if something happens, such as in the event you are hospitalized.

For this, you write the specific event in the first space provided. For example, “When I am admitted to a hospital”.

Then write the date or the event upon which the authorization should expire in the second space. For example, “thirty days later” or “when I am released from the hospital”.

Again, you must include addresses, telephone numbers, and notarized signatures if you want it to be good for more than thirty days.

**Step 6.** In section 5, you will be selecting what the designee is authorized to do for your child. Check (✓) each activity you want the designee to do.

If you want to place restrictions on any of the activities you selected, use the blank lines in section 5 to explain your preferences.

For example, if you want to be contacted before any mental health examination is

performed, you would write that in those lines.

You cannot authorize the designee to make decisions about surgeries or “major medical treatment.”

For example, while the person designated can give consent for your child to have standard dental procedures, such as fillings, they cannot give consent for dental surgery where they would be unconscious during the procedure, such as having their wisdom teeth extracted.

The parent’s consent will still be required for major medical procedures. Major medical procedures are defined in New York Public Health Law [Section 2504](#) and in New York Mental Hygiene Law [Section 80.03](#).

### **Step 7. Read section 6.**

Section 6 allows the designee to have access to your child(ren)’s/incapacitated person(s)’ medical records and medical information.

If you do not want the designee to have access to your child(ren)’s/incapacitated person(s)’ medical records and medical information, then cross out Section 6 and write your initials next to that section.

### **Step 8. Read section 7.**

Section 7 provides some information regarding how this form can be canceled or “revoked.” (A process referred to as “revocation.”)

This form is no longer valid either when you revoke it **or** after the date/event you chose in section 4 (c)/4 (d), whichever comes first.

Section 7 also explains that this authorization is temporary, but that it can be renewed.

**Step 9.** Determine whether or not you need a notary.

If you want the authorization to be in effect for less than thirty days, you do **not** need a notary. The parent whose name appears in section 1 should sign and date section 8, and the designee should sign and date section 9.

If this authorization is to be in effect for a period of more than thirty days, you **do** need to sign and date section 8 in front of a notary.

You can take the completed form to a notary or connect with a notary virtually to do “e-notarization.” For more instructions, [check out the e-notarization guide on LawHelpNY](#).