

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  
DESIGNATION OF PERSON IN PARENTAL RELATION**

In accordance with General Obligations Law Title 15-A,

- 1) I/We, \_\_\_\_\_  
(Print Name of Parent)  
\_\_\_\_\_  
(Print Name of Second Parent - if applicable)

hereby state that I am/we are the parent(s) of the minor(s) or incapacitated person(s) named below and there are no court orders in any jurisdiction currently in effect that would prohibit me/us from making the designation specified in this form.

- 2) I am/We are temporarily designating \_\_\_\_\_  
(Print Name)

who resides at \_\_\_\_\_ and can be reached at \_\_\_\_\_,  
(Telephone Number) as a person in parental relation for the care of the following minor(s) or

incapacitated person(s):

\_\_\_\_\_  
(Print Name) (Date of Birth)  
\_\_\_\_\_  
(Print Name) (Date of Birth)

- 3) Any authority granted to a designee pursuant to this form shall be valid [check the appropriate box, initial and fill in any relevant blanks; specified time period may not exceed six (6) months].

[ ] a. From \_\_\_\_\_ (date or contingent event on which designation commences) until and including \_\_\_\_\_ (date), or until the date of revocation, whichever occurs first; or

[ ] b. For six (6) months from \_\_\_\_\_ (date or contingent event on which designation commences) until and including \_\_\_\_\_ (date), or until the date of revocation, whichever occurs first.

***A designation specifying a period of more than thirty (30) days shall be notarized.***

- 4) If no time period is specified in the designation, it shall be valid until the earlier of revocation; or
- a. The expiration of thirty (30) days from the date of signature if the designation does not meet the requirements for designations of more than thirty (30) days, or
- b. Six (6) months from the date of commencement specified in the designation if the designation meets the requirements for designations of more than thirty (30) days.

(Continued)

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  
DESIGNATION OF PERSON IN PARENTAL RELATION (Cont'd.)**

5) As to the above named minor(s) or incapacitated person(s), the person in parental relation designated above shall abide by the following conditions (parent should enumerate the specific authorization(s) or prohibition(s) governing the designation of such person in parental relation):

a. The treatment, diagnosis or activities for which consent is authorized:

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(Use additional paper if more space is necessary.)

b. Any treatment, diagnosis or activity for which consent is not authorized:

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(Use additional paper if more space is necessary.)

c. Any other limitation on the duties and responsibilities conveyed by the designation:

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(Use additional paper if more space is necessary.)

6) **NOTICE TO PARENTS AND PERSONS IN PARENTAL RELATION -- REVOCATION OF DESIGNATION**

A parent may revoke a designation by notifying, either orally or in writing, the designee or a school to which the designation has been presented, or by any other act evidencing a specific intent to revoke the designation. A designation shall also be revoked upon the execution by the parent of a subsequent designation. Revocation by one parent authorized to execute such a designation shall be deemed effective and complete revocation of a designation.

(Continued)

**MOUNT PLEASANT COTTAGE SCHOOL UNION FREE SCHOOL DISTRICT  
DESIGNATION OF PERSON IN PARENTAL RELATION (Cont'd.)**

A designee who receives notification from a parent of any such revocation shall immediately notify any school to which a designation has been presented. A parent may directly notify any such school of the revocation, in which case the failure of the designee to notify the school of the revocation shall not make revocation ineffective.

7) Signature, Date, Address, and Telephone Number

_____	_____
(Parent Signature)	(Date)
_____	_____
(Address)	(Telephone Number)
_____	_____
(Second Parent Signature - if applicable)	(Date)
_____	_____
(Address)	(Telephone Number)

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

*A designation specifying a period of more than thirty (30) days shall be notarized.*

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State of New York                    )  
County of \_\_\_\_\_            )ss:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me personally came \_\_\_\_\_ to me known, being by me duly sworn, did depose and say that he/she has read the foregoing statements and acknowledges the same to be true.

Sworn to and subscribed before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_  
Notary Public

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State of New York                    )  
County of \_\_\_\_\_            )ss:

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ before me personally came \_\_\_\_\_ to me known, being by me duly sworn, did depose and say that he/she has read the foregoing statements and acknowledges the same to be true.

Sworn to and subscribed before me this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_  
\_\_\_\_\_  
Notary Public