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# How to Complete Your New York Designation of Person in Parental Relation

Designation of Person in Parental Relation — New York

**INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR FORM.**

**About this form.** This New York form lets a parent give another adult (such as a grandparent or relative) authority to **enroll a child in school and consent to medical care** for up to **twelve months**, without going to court. A designation for more than thirty days must include contact details, the designee's written consent, and be **notarized**.

1. **Parent and child information**
   Enter your address and phone and each child's name and date of birth.

2. **Designee and dates**
   Name the adult caregiver, their address and phone, the start date or event, and the period (12 months or less).

3. **Sign in front of a notary**
   Do **not** sign ahead of time. Bring a current government-issued photo ID. The designee signs the consent at the end.

## After It's Signed

- Give copies to the child's school and doctor. The designee keeps the original.
- You can revoke the designation at any time by notifying the designee in writing.

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**Have questions about this form?** To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**, 2315 Capitol Avenue, Sacramento, CA 95816. **Attorneys licensed in New York.** Main headquarters in Sacramento, California.

This form is provided as a free convenience. First Choice Mobile Notary & Apostille is not a law firm, and a notary public cannot give legal advice or help you decide what to write on this form. These instructions are general information only and are not legal advice. If you have questions about your situation, consult a licensed New York attorney.

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# DESIGNATION OF PERSON IN PARENTAL RELATION

New York General Obligations Law §§ 5-1551 – 5-1555

I, _____, am the parent of the minor or incapacitated person(s) named below.

Parent's address: _____

Parent's telephone: _____

## Child(ren) or Incapacitated Person(s) Covered

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

## Designation

I designate _____, who is over 18 years of age, residing at _____ telephone _____ as a person in parental relation to the child(ren) named above, under General Obligations Law §§ 5-1551 through 5-1555, for the purpose of giving or withholding informed consent for health care (Public Health Law §§ 2164 and 2504) and for school enrollment and education decisions (Education Law §§ 2 and 3212).

This designation begins on (date or event): _____

and is valid for a period of _____ (not more than twelve months), unless I revoke it sooner.

There is no prior order of any court in any jurisdiction currently in effect that prohibits me from making this designation. I understand that this designation does not take away my parental rights, and that I may revoke it at any time by notifying the designee in writing. A designation for more than thirty days must be notarized.

_____ _____

Signature of parent | Date

_____ _____

Printed name | Telephone / email (optional)

## Consent of Designee

I, _____, consent to this designation as a person in parental relation.

_____ _____

Signature of designee | Date



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## ACKNOWLEDGMENT IN NEW YORK (Real Property Law § 309-a)

State of New York )
) ss.:
County of _____ )

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument.

_____

Signature and office of individual taking acknowledgment

Notary Public, State of New York; Qualified in _____ County

Registration No. _____; Commission Expires _____

(Notary stamp)

## ACKNOWLEDGMENT OUTSIDE NEW YORK (Real Property Law § 309-b)

Use this certificate instead of the New York certificate if the document is signed outside New York State.

State (or District / Country) of _____ )
) ss.:
County of _____ )

On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument, and that such individual made such appearance before the undersigned in _____.

*insert the city or other political subdivision and the state or country or other place the acknowledgment was taken*

_____

Signature and office of individual taking acknowledgment

(Notary seal or stamp)



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