

**FORM 1.**  
**PARENTAL APPOINTMENT OF YOUR CHILD'S CAREGIVER\***  
**FOR 30 DAYS OR LESS**

**Filled Out by Parent**

I, *(your name)* \_\_\_\_\_,

parent of *(your child's name)* \_\_\_\_\_,

choose *(caregiver's name)* \_\_\_\_\_,

who lives at *(caregiver's address)* \_\_\_\_\_

\_\_\_\_\_,

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 caregiver full authority for *(number from 1 to 30)* \_\_\_\_\_ days that starts on the date below and ends earlier if I say so.

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

\*Do a separate form for each child.

The caregiver can show this form to education and healthcare providers.  
The education and healthcare providers can make copies of this form.

This form is available on the NYS Permanent Judicial Commission on Justice for Children's website at <http://www.nycourts.gov/ip/justiceforchildren/publications.shtml> under Parental Appointment of Caregiver.