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Appointment of Caregiver

This form is intended to provide authorization for another adult to consent for routine and emergency medical treatment for a child or incapacitated individual. Please note the following:

- This authorization does not allow the caregiver to consent to major medical treatment (e.g. surgery)
- For effective periods less than one month the following core elements must be completed: parent/guardian name, child's name and date of birth, caregiver's name, parent/guardian signature and date.
- The maximum timeframe an authorization can be effective is six (6) months.
- All authorizations effective for more than a thirty (30) day period must include these additional elements: parent/guardian address/phone number, caregiver address/phone number, written consent of caregiver, notarization of all signatures.
- Authorizations with timeframes greater than 30 days that are missing any of the required additional information are valid for 30 days as long as it contains the core elements.

I, _____, parent/legal guardian of _____, date
(Parent/legal guardian name) (child's name)
 of birth _____ choose _____ to be the caregiver and the
(child's date of birth) (name of caregiver)
 person able to make healthcare decisions, including consent for routine and emergency medical treatment, for my child.
 This gives the above named caregiver full authority for my child's health decisions from _____ to _____
(start date) (end date)
 unless I say so otherwise. The caregiver's phone number is _____
(caregiver's phone number)
 and address is _____.
(caregiver's address) (required only if appointment is for a period greater than 30 days)

While this appointment is in effect, I can be contacted at the following phone number _____ and
(parent/legal guardian phone number)
 address _____
(parent/legal guardian address) (required only if appointment is for a period greater than 30 days)

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

Parent/Legal Guardian Signature Date

Notarization Required ONLY if Appointment is Greater than 30 Days

The forgoing instrument was acknowledged before me this ___ day of _____ 20 ____ by _____
 and: who is personally known to me, or who produced the following identification _____.

Notary Public Printed Notary Name

Must be Completed ONLY if Appointment Period is Greater Than 30 Days:

I, _____, the appointed caregiver for the child named above, hereby consent to this designation by my signature below.

(Signature) _____ Date: _____

The forgoing instrument was acknowledged before me this ___ day of _____ 20 ____ by _____
 and: who is personally known to me, or who produced the following identification _____.

Notary Public Printed Notary Name