DELEGATING PARENTAL POWER

AUTHORIZED BY S. 48.979, WIS. STATS.

INSTRUCTIONS

This Delegating Parental Power form must be signed by all parents who have legal custody of the child(ren) in question. Only a parent who has legal custody may use this form to delegate parental powers. A parent may not use this form to delegate parental powers regarding a child who is subject to the jurisdiction of the juvenile court under s. 48.13, 48.14, 938.12, 938.13, or 938.14, Wis. Stats.

This delegation of parental powers does not deprive a custodial or noncustodial parent of any of his or her powers regarding the care and custody of the child, whether granted by court order or force of law. THIS DOCUMENT MAY NOT BE USED TO DELEGATE THE POWER TO CONSENT TO THE PERFORMANCE OR INDUCEMENT OF AN ABORTION ON OR FOR THE CHILD(REN), OR TO PLACE THE CHILD(REN) IN AN INPATIENT TREATMENT FACILITY.

When delegating the parental power to consent to medical or dental care, the attached Authorization for the Disclosure of Health Information must also be completed, to ensure the accompanying adult has access to health information necessary to make an informed decision regarding the child(ren)'s care.

NAME(S) OF CHILD(REN)

This delegation of parental power is for the purpose of providing for the care and custody of:

Child's Name	Address	Date of Birth
Child's Name	Address	Date of Birth
Child's Name	Address	Date of Birth
Child's Name	Address	Date of Birth

DELEGATION OF POWER TO ACCOMPANYING ADULT

I/We, _____ (*name(s) of parent(s) with legal custody of child(ren)*), state that I/we have legal custody of the child(ren) named above. I/We delegate my/our parental power to:

Name of accompanying adult:_____
Accompanying adult's address:_____
Accompanying adult's telephone number(s):_____
Accompanying adult's e-mail address:_____
Relationship of accompanying adult to child(ren):_____

The parental power I/we am/are delegating is as follows:

FULL

(*Check if you want to delegate full parental power regarding the care and custody of the child(ren) named above.*)

□ Full parental power regarding the care and custody of the child(ren) named above.

PARTIAL

(*If you have not checked the box above granting full parental power, then check each subject over which you want to delegate your parental power regarding the child(ren) named above.*)

□ The power to consent to all health care; or
□ The power to consent to only the following health care:
  □ Ordinary or routine health care, excluding major surgical procedures, extraordinary procedures, and experimental treatment
  □ Dental care

□ Disclosure of health information about the child(ren)
□ The power to provide for the care and custody of the child(ren)
□ Other specifically-delegated powers or limits on delegated powers (*Fill in the following space or attach a separate sheet describing any other specific powers that you wish to delegate or any limits that you wish to place on the powers you are delegating*.) _____

_____

_____

_____

EFFECTIVE DATE AND TERM OF THIS DELEGATION

This Delegation of Parental Power takes effect on _____ and will remain in effect until _____. If no termination date is given or if the termination date given is more than one (1) year after the effective date of this Delegation of Parental Power, this Delegation of Parental Power will remain in effect for a period of one (1) year after the effective date, but no longer. This Delegation of Parental Power may be revoked in writing at any time by a parent who has legal custody of the child(ren) and such a revocation invalidates the delegation of parental powers made by this Delegation of Parental Power, except with respect to acts already taken in reliance on this Delegation of Parental Power.

SIGNATURE(S) OF PARENT(S)

(*If more than one parent has legal custody of the child(ren), both parents must sign below.*)

Signature of Parent:_____ Date:_____
Parent's Name Printed:_____
Parent's Address:_____
Parent's Telephone Number:_____
Parent's E-mail Address:_____

Signature of Parent:_____ Date:_____
Parent's Name Printed:_____
Parent's Address:_____
Parent's Telephone Number:_____
Parent's E-mail Address:_____

STATEMENT OF ACCOMPANYING ADULT

I, _____ (*name of accompanying adult*), residing at _____ (*address of accompanying adult*), understand that _____ (*name(s) of parent(s)*) has/have delegated to me the powers specified in this Delegation of Parental Power regarding the care and custody of _____ (*name(s) of child(ren)*). I further understand that this Delegation of Parental Power may be revoked in writing at any time by a parent who has legal custody of _____ (*name(s) of child(ren)*). I hereby declare that I have read this Delegation of Parental Power, understand the powers delegated to me by this Delegation of Parental Power, am fit, willing, and able to undertake those powers, and accept those powers.

Accompanying adult's Signature:_____ Date:_____

APPENDIX

(Here the parent(s) may indicate where they may be located during the term of the Delegation of Parental Power if different from the address(es) set forth above. The parent(s) may also provide important medical and insurance information.)

LOCATING PARENT(S)

□ I/We can be located at:
Address(es):_____
Telephone Number(s):_____
E-mail Address(es):_____

□ Or, I/we can be located by contacting:
Name:_____
Address:_____
Telephone Number:_____
E-mail Address:_____

□ Or, I/we cannot be located.

MEDICAL AND INSURANCE INFORMATION FOR CHILD(REN)

Child 1. Child's name:_____
Names of child's family doctor, pediatrician, dentist, etc.:_____

_____
Any known allergies:_____
Important medical history (last Tetanus shot, major injuries or illnesses, etc.):_____

_____
Current medications:_____
Insurance Company and Policy Numbers:_____

_____
Financially Responsible Party:_____

Child 2. Child's name:_____
Names of child's family doctor, pediatrician, dentist, etc.:_____

_____
Any known allergies:_____
Important medical history (last Tetanus shot, major injuries or illnesses, etc.):_____

_____
Current medications:_____
Insurance Company and Policy Numbers:_____

_____
Financially Responsible Party:_____

Child 3. Child's name:_____
Names of child's family doctor, pediatrician, dentist, etc.:_____

_____
Any known allergies:_____
Important medical history (last Tetanus shot, major injuries or illnesses, etc.):_____

_____
Current medications:_____
Insurance Company and Policy Numbers:_____

_____
Financially Responsible Party:_____

Child 4. Child's name:_____
Names of child's family doctor, pediatrician, dentist, etc.:_____

_____
Any known allergies:_____
Important medical history (last Tetanus shot, major injuries or illnesses, etc.):_____

_____
Current medications:_____
Insurance Company and Policy Numbers:_____

_____
Financially Responsible Party:_____