



**Revocation:** I understand that this designation shall be revoked by any of the following:

- a. A parent may revoke a designation by notifying the health care provider **either orally or in writing, or by any other act evidencing a specific intent to revoke the designation, or by executing a subsequent designation.**
- b. If both parents have signed this designation, and either of the parents revokes it, the authority of the designee is revoked.
- c. A designee must notify all appropriate health care providers of any revocation of his/her authority.
- d. If the parent who signed a designation becomes incapacitated or dies, the designation is revoked.

**CONTACT INFORMATION**

If the nature of the medical care is not routine or further informed consent is needed, please try to contact me (us) regarding the health of my (our) children at the following telephone number (s). If you are unable for any reason to contact me (us), you may rely on the proxy decision maker for consent.

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**Individual(s) signing below MUST be present when notarizing document**

If a court has ordered that both parents must agree on health care decisions, both parents must sign this designation

**Contact Information**

Parent's Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_  
Evening Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Signed Parent or Legal Guardian      Date

\_\_\_\_\_  
Signed Parent or Legal Guardian      Date

On this \_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, before me the undersigned, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

\_\_\_\_\_  
Notary Public