

# Family Preparedness Plan

## Decide who can care for your children if you can't

Talk to the people you would want to care for your children if you are unable to and make sure they know they will be listed as emergency contacts. Discuss whether you would want this person to care for your children without you or whether you would want the person to bring the children to where you are.

## Write down instructions for care of your child

<b>Child's Name</b>	
<b>Date of Birth</b>	
<b>Child's Cell Phone Number</b>	
<b>Child's Social Security Number</b>	
<b>Child's Passport Number</b>	
<b>School</b>	
<b>School Address</b>	
<b>School Phone Number</b>	
<b>Afterschool Program</b>	
<b>Allergies</b>	
<b>Medical Conditions</b>	

<b>Medications</b>	
<b>Doctor's Phone Number</b>	
<b>Doctor's Address</b>	
<b>Health Insurance</b>	
<b>Emergency Numbers and Contact Information</b>	

## File of Important Documents

Keep a file of all of these documents or a copy of these documents in a safe place. Tell your children, family members, and emergency caregiver where to find this file in an emergency.

- Passports
- Birth Certificates
- Marriage License
- Caregiver's Authorization Affidavit/Custody Order
- Protection from Abuse Orders you may have against anyone
- Immigration documents (work permit, green card, visa, etc.)
- Driver's License and/or other identification cards
- Social Security Card or ITIN number
- Registry of birth
- Important children's Information

### Prepare Legal Documents

In Pennsylvania, a parent can only designate a Standby or Temporary Guardian if a parent is terminally ill or is entering rehab for drug and alcohol treatment. Unfortunately, there is no

law that allows parents to designate a temporary guardian for parents who become unavailable for other reasons, such as detention or deportation. Parents who wish to identify a caregiver for their children in the event that they unavailable have two options: (1) File for Custody or (2) Complete a Caregiver Authorization Affidavit.

### **Filing for Custody**

Parents and caregivers can file a Complaint for Custody seeking a custody order for their children. If both parents and the caregiver have an agreement for how the custody order should be, the Court will generally make the agreement an order of the Court. Having a custody order is the only legally enforceable way for a non-parent caregiver to have the authority to make decisions and act on behalf of the child, including obtaining a passport and authorizing travel. However, depending upon what the custody order states, the parents may agree to share legal and physical custody with someone or to have the caregiver have those rights on their own. Parents should understand that if the caregiver does not agree to return the child to a parent or to enter into a new custody agreement, it will be up the court to decide who should have custody. If a child's parents are not available for an agreement, a person who is caring for the child may file for custody on their own. People may get help filing for custody at the Family Court Help Center, located on the 11th Floor of the Family Court, 1501 Arch Street in Philadelphia, every day the Court is open from noon to 3 p.m.

### **Caregiver Authorization Affidavit (Avoiding Court)**

Beware of paying a notary for a form that designates someone as a caregiver. These types of forms are NOT a custody order and are NOT enforceable by a court. Generally, a medical provider or school may require a parent's authorization or a court order to proceed with parental consent to treatment or enrollment. Some providers may accept a caregiver authorization on a temporary basis. Even if the forms are not accepted by providers, the forms can be used as evidence to show what a parent intended or wished to have happen if the caregiver does file for custody.

### **Power of Attorney**

A power of attorney authorizes a person to make financial and medical decisions for you. You can designate a person to handle your finances, manage business decisions, or use your money to pay your expenses. A power of attorney cannot give a person authority to care for your children.



**CAREGIVER AUTHORIZATION**

I,/WE....., of .....

[NAME]

[ADDRESS]

....., of .....

[NAME]

[ADDRESS]

Am/are the natural and legal parent(s) of the following minor child(ren):

Name: ..... Date of Birth:.....[mm/dd/yyyy]

Name: ..... Date of Birth:.....[mm/dd/yyyy]

Name: ..... Date of Birth:.....[mm/dd/yyyy]

Name: ..... Date of Birth:.....[mm/dd/yyyy]

After considering the best interests of the child(ren) referred to above, I/WE appoint

....., of .....

[Name]

[Address]

whose relationship to my/our child(ren) is \_\_\_\_\_

\_\_\_\_\_  
[Relationship of Guardian/Custodian to Child(ren)]

to stand *in loco parentis* and be the guardian/custodian of my/our child(ren). I/We understand that this document may be used as evidence to show that I/We intend and wish for the guardian/custodian listed above to care of my/our child(ren) and to share my/our rights as a parent with the appointed guardian/custodian and jointly make legal decisions for the child(ren).

***This appointment takes effect on my/our absence from this city, state, and/or country due to being detained and/or deported from the United States by immigration officials. In those instances, this appointment takes effect and this document provides evidence of my/our specific intent to provide supervision and care for the child(ren).***

As a result of being detained and/or deported/excluded from the United States, if I/WE are unable to care for the child(ren), then I/WE direct the appointed guardian/custodian to make any and all reasonable efforts to contact me/us in detention, my/our country of origin or wherever I/WE am deported to, and consult with me/us to the fullest possible extent regarding the care and upbringing of the child(ren).

On this appointment taking effect, the appointed guardian/custodian has the same parental responsibilities that I/WE currently have which includes, but is not limited to:

The **legal custody** and **primary physical custody** of the Child(ren).

“**legal custody**” means the right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions;

“**primary physical custody**” means the right to assume physical custody of the child for the majority of time.

In addition, the person I hereby appoint, with whom my child(ren) live will also assume all personal obligations for my child(ren) relative to school requirements pursuant to 24 P.S. 13-1302 of the Pennsylvania School Code.

This appointment of guardianship/custody is temporary and for the benefit of the child(ren) during the limited period addressed above and can be revoked at any time in my/our discretion. The appointment of a guardian/custodian does not in any way limit the right to communication and visits with the child(ren) during the term of the appointed guardianship/custody and does not revoke any of my/our parental rights.

There is/is not (circle one) a custody order in effect in the County of .....

State/Commonwealth of .....

[if there is an order, attach a copy of the order]

Date: ..... [mmm/dd/yyyy] Signature of parent(s):.....

Date: ..... [mmm/dd/yyyy] Signature of parent(s):.....

This appointment was signed in the presence of WITNESSES [The witnesses to this appointment must be at least 19 years of age and must not be the person appointed as guardian.]

Witness #1 Name (Printed/Typed): .....

Witness Address: .....

Signature of Witness:.....

Witness #2 Name (Printed/Typed): .....

Witness Address: .....

Signature of Witness:.....

**CAREGIVER ACKNOWLEDGEMENT**

I, \_\_\_\_\_, am over the age of 18 years and reside at

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City, State and Zip)

\_\_\_\_\_ (Phone Number)

I understand that I may, without obtaining further consent from the parent, legal custodian or legal guardian of the child(ren), in the event that

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(Name(s) of Parent(s)/Legal Guardian/Custodian)

faces deportation, detention or otherwise becomes unavailable to care for their child(ren) exercise concurrent rights and responsibilities relative to the care, education and health care of the child(ren).

However, I may not knowingly make a decision that I know conflicts with the decision and expressed preferences of the child(ren)'s parent, legal guardian or legal custodian named above.

I hereby affirm that the above statements are true under penalty of perjury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone



MEDICAL CONSENT AUTHORIZATION FOR MINOR CHILDREN

**Please Print All Information Below**

[ ] I, \_\_\_\_\_, am the parent of the child(ren) listed below, and there are  
Name of Parent  
no court orders now in effect that would prohibit me from conferring the power to consent upon  
another person.

[ ] I, \_\_\_\_\_, am the legal guardian or legal custodian of the  
Name of Legal Guardian/Custodian  
child(ren) by court order (copy attached, if available), and there are no other court orders in  
effect that would prohibit me from conferring the power to consent upon another person.

I, \_\_\_\_\_, do hereby confer upon \_\_\_\_\_,  
Name of Parent/Legal Guardian/Custodian Name of Medical Consent Designee  
residing at \_\_\_\_\_, the power to consent to necessary  
Address of Medical Consent Designee  
medical or mental health treatment for the following child(ren): \_\_\_\_\_,  
Name of Child(ren)  
residing at \_\_\_\_\_, born on \_\_\_\_\_,  
Address of Child(ren) Birthdate of Child(ren)  
and on the child(ren)'s behalf do hereby state that the power to consent which I confer shall not  
be affected by my subsequent disability or incapacity.

The power which I confer is specifically limited to health care and mental health care decision  
making, and it may be exercised only by the person named above.

The person named above may consent to the child(ren)'s (cross out all that do not apply):  
medical, dental, surgical, developmental, and/or mental health examination or treatment and may  
have access to any and all records, including, but not limited to, insurance records regarding any  
such services.



I confer the power to consent freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats, or payments by any person or agency. This document shall remain in effect until it is revoked by notifying my child(ren)'s medical, mental health care, and insurance providers, in writing, and the person named above that I wish to revoke it.

In witness whereof, I, \_\_\_\_\_ have signed my name to this  
Name of Parent/Legal Guardian/Custodian  
medical consent authorization, consisting of 2 pages on \_\_\_\_\_ in  
Date of Signing  
\_\_\_\_\_ County, Pennsylvania.  
Name of County

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Custodian

\_\_\_\_\_  
Name of Parent/Legal Guardian/Custodian

\_\_\_\_\_  
Signature of First Witness

\_\_\_\_\_  
Name of First Witness

\_\_\_\_\_  
Address of First Witness

\_\_\_\_\_  
Signature of Second Witness

\_\_\_\_\_  
Name of Second Witness

\_\_\_\_\_  
Address of Second Witness

\_\_\_\_\_  
Signature of Medical Consent Designee

\_\_\_\_\_  
Name of Medical Consent Designee

**Letter of Consent for Minor to Travel Internationally**

*To Whom It May Concern:*

I/We am/are the parent(s) of the minor child(ren) who are listed below with their date(s) of birth:

Name: ..... Date of Birth:.....[mm/dd/yyyy]

Name: ..... Date of Birth:.....[mm/dd/yyyy]

Name: ..... Date of Birth:.....[mm/dd/yyyy]

Name: ..... Date of Birth:.....[mm/dd/yyyy]

I/We acknowledge that my child(ren) is travelling outside of the United States with my/our permission with the guardian named below:

Name: ..... Date of Birth:.....[mm/dd/yyyy]

I/We give permission in this document for the guardian to travel with our child(ren).

\_\_\_\_\_  
(Parent #1 Signature)

\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_ [mm/dd/yyyy]

\_\_\_\_\_  
(Parent #2 Signature)

\_\_\_\_\_  
(Printed Name)

Date: \_\_\_\_\_ [mm/dd/yyyy]



**SWORN STATEMENT BY RESIDENT UNDER § 13-1302  
TO BE COMPLETED BY RESIDENT ONLY**

Instructions: Please complete the following statement. If the potential student is living, or will be living, in a household with more than one resident adult who will assume responsibility for the student, all such adult residents must complete and sign this statement.

This is a legal document. You may ask to see a copy of 24 P.S. § 13-1302 prior to signing this document and consult with an attorney if you have any questions or do not understand any portion of this document.

1. Your Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

2. Child's Full Name: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

Name & Address of Last School Attended:

\_\_\_\_\_

Date child began / will begin to reside in your home: \_\_\_\_\_

3. I live in the \_\_\_\_\_ School District and the child lives with me. Yes \_\_\_\_ No \_\_\_\_

4. Are you supporting this child without personal compensation or gain? Yes \_\_\_\_ No \_\_\_\_

5. Will you assume all personal obligations related to school requirements for this child that may include providing for required immunizations, uniforms, fees/fines, citations/fines for truancy, attending parent-teacher conferences, or attending meetings/hearings concerning discipline?  
Yes \_\_\_\_ No \_\_\_\_

6. Do you intend to keep and support the child continuously and not merely through the school term? Yes \_\_\_\_ No \_\_\_\_

*Through my notarized signature, I/We understand that the School District, pursuant to the guidelines issued by the Department of Education and their own written polity, may require other reasonable information to be submitted to confirm this sworn statement.*

Signed by resident(s) and notarized

\_\_\_\_\_

Per 24 P.S. § 13-1302, a person who knowingly provides false information in the above statement for the purpose of enrolling a child in a school district for which the child is not eligible commits a summary offense and shall, upon conviction for such a violation, be sentenced to pay a fine of no more than three hundred dollars (\$300) for the benefit of the school district in which the person resides or to perform up to two hundred forty (240) hours of community service, or both. In addition, the person shall pay all court costs and shall be liable to the school district for an amount equal to the cost of tuition calculated in accordance with § 2561 during the period of enrollment.