

Advice for Families during COVID-19

We should talk about our family's emergency plan

Maybe you heard a lot of talk about the coronavirus lately



Family Emergency Packet

What's included in this packet?

This packet contains information to help your family prepare in case of an emergency, for example in case a parent is in the hospital. **Some of the steps may not be advisable at this time due to COVID-19** because they may require leaving the house, but are valuable for an emergency plan going forward.

- > General Planning (2 pages)
 - Talks about how to make an emergency family plan

- > Designating a health care proxy for yourself and options for Child Care (3 pages)
 - Talks about things to consider when choosing a health care proxy.
 - Talks about different options for choosing a person to take care of your children when or if you can't.

- > Forms
 - Important Document List: a guide of what important documents to collect (1 page)

 - Child's Vital Information: a form to list important information about your child(ren) for the caregiver (2 pages)

 - Caregiver Authorization Affidavit (English): a form to give someone the power to make decisions about healthcare and school for your child(ren), which can last up to 2 years (5 pages)

 - Caregiver Authorization Affidavit Sample (4 pages)

 - Temporary Agent Authorization (English): a form to give someone the power to make most decisions for your child(ren), which can last up to 60 days (5 pages)

 - Temporary Agent Authorization Sample (4 pages)

 - Health Care Proxy: a form that allows someone to make medical decisions for you if you are ever unable to do so (2 pages)

 - Health Care Proxy Sample (3 pages)

Planning for a Family Emergency

All families should plan for who will care for your children in an emergency, especially during this uncertain time with COVID-19. This packet includes information to help you make a plan.

General planning

- **Talk as a family**, about your emergency plan. Include your children. Decide who will take care of the children, where to keep important documents, who to call in an emergency.
- **Gather important documents**: collect important documents like birth certificates, insurance documents, and passports. Keep them in a safe place where your family knows where to find them.

COVID-19 planning

- **You may want to fill out a “health care proxy”**: You can fill out a form that gives someone else, called an “agent,” the right to make your health care decisions for you if you are unable to do so. Given uncertainty with COVID-19, this could be a valuable document to have prepared.



Child Care Plan

Plan for who will care for your children if you cannot. Talk to your children and the caregiver you choose, so everyone knows the plan and agrees to it. Some steps you can take are:

- **Fill out a caregiver information page for each child**: include important information about your child, like school information, medical information, allergies and medications, and other details that are important to your child’s daily life. You may also want to include other information that you’d want a caregiver to know like your child’s favorite book or toy and if there are any specific routines in the child’s life. See the Child’s Vital

Information Sheet in this packet. Some of this information may be difficult to fill out at this time because of things like school closures.

- **Update school contacts:** contact your child's school **when your child's school is open again**. Make sure they have the correct contact information for a few people you trust to pick your child up from school in case you cannot.
- **You may want to choose someone to care for your child if you cannot:** You can choose from 2 different forms to give someone else the legal responsibility for your child. You do not have to go to court. Both forms are included in this packet.
 - **Caregiver authorization affidavit** gives the caregiver the power and responsibility to make decisions about your child's education and medical care.
 - **Temporary agent authorization** allows the "agent," or person you choose, to make any decisions a parent can make for your child for up to 60 days.

This packet has only general information. It is not legal advice. If you have questions about your specific situation, speak with an attorney.

Who will make medical decisions for me if I cannot?

Think about these questions when you're deciding who your health care agent (also called a health care proxy) should be:

1. Do you have any religious or personal beliefs about sickness or dying?
2. Can you imagine any situations so hard that you would not want medical treatments used to keep you alive?
3. If someone else had to make medical decisions for you, are there certain people you would want them to talk to for advice (family members, friends, clergy, etc.)?
4. Is there anyone you would NOT want involved in helping to make health care decisions for you?
5. Do you want that person to follow your instructions or to do what they think is best for your health?
6. Should financial or other family concerns be considered when making decisions about your medical care?
7. Are there other things you would like the agent to know about you, if they had to make medical decisions for you?

A Health Care Proxy is legal document that allows you to choose someone you know and trust to make health care decisions for you if, for any reason and at any time, you become unable to make those decisions. You will need 2 people present as witnesses when you sign your healthcare proxy form. Your agent cannot be one of those 2 people. Within the form you can set limitations on what your agent can decide for you.

Who will take care of my child in an emergency?

Think about these questions when you pick a caregiver for your child:

1. Is the person at least 18 years old? Only an adult can be a caregiver
2. Is the person responsible?
3. Is the person able and willing to care for my child?
4. Does the person have any history with the Department of Children and Families (DCF)?
5. Does the person have any criminal history?

After you pick a caregiver, you need to decide the kind of legal arrangement you will have with them. You have options.

Informal option

You can always make an informal plan with your family and friends, but this may not be the best option because it does not give the caregiver legal rights. Your plan can include talking to the people you want to care for your child or writing down what you want to happen in an emergency. An informal plan is the easiest, but your child's school or doctor might not follow your plan and the caregiver may have to go to court to help your child.

Caregiver Affidavit Authorization

A caregiver affidavit authorization is a good option if your main concern is your child's education and health. Many schools and doctors are already familiar with these forms.

The affidavit says who you want to be the caregiver and that your child will live with them. It gives the caregiver the right to make decisions about your child's health care and education for up to **2 years**.

You do not give up any of your rights when you sign it. And you can end the authorization at any time.

The caregiver authorization affidavit only needs the signature of one parent.

You need 2 witnesses to sign the form with you. And you all must sign it in front of a notary. Because of COVID-19, in Massachusetts you can do a “remote notarization,” which means you can do it over video. You can also do a “drive-by” notary where you have limited contact outdoors with the notary. Call around for some options if you are interested in preparing a caregiver affidavit authorization and to learn more about the how to use a notary via videoconference.

The caregiver must also sign the affidavit. The caregiver will sign the form and use it whenever the child lives with him or her. This packet includes a Caregiver Affidavit Authorization form you can use. This form is different from the form you can get from the court. There is space for you to add another caregiver if the one you picked is not available.

Give the original form to the caregiver and keep a copy with your important documents or tell your family members, a trusted friend, or your child where the forms can be found.

You do not have to put all your children on one form. You can fill out a form for each child. Each child needs their own form if they have different caregivers.

Temporary Agent Authorization

The temporary agent authorization gives a caregiver more powers than the Caregiver Affidavit Authorization. A Temporary Agent Authorization gives a caregiver the power and responsibility to make more than healthcare and education decisions for your child. A Temporary Agent can also make decisions about your child’s property and finances. The person you choose to be the Agent can have any power you do. **But** the Agent cannot give permission for your child to marry or be adopted.

The authorization says you give the agent the power to make decisions in your child’s life for up to **60 days** after you are unavailable. You have the right to end the authorization at any time. After 60 days, you can renew the authorization, but you must complete a new form.

If you know where the other parent is and they are able and willing to care for your child, both parents must sign the Temporary Agent Authorization. If the other parent can care for the child, you may not need to fill out this form.

You need 2 witnesses to sign the form with you but you do not need a notary. The agent must also sign the authorization. Please consider social distancing guidelines when trying to prepare these forms and consider using video-calls and other methods to have the witnesses see you sign the document. You can add a second person to the form, in case the person you picked to be Temporary Agent is not available.

This packet includes a Temporary Agent Authorization form you can use. Give the original form to the Agent and keep a copy with your important documents, or tell your family members, a trusted friend, or your child where the forms can be found.

You do not have to put all your children on one form. You can fill out a form for each child. Each child needs their own form if they have different agents or parents.

Caregiver Affidavit Authorizations are useful for any family.

Temporary Agent Authorizations are useful if the caregiver needs to make decisions about your child’s finances or property.

Guardianship

A legal guardian has all the rights a parent has to make decisions for your child. Only a court can make someone a guardian, or end a guardianship. Someone that you choose to be a caregiver may need to become a legal guardian in the future if they need to take care of your child for a long time. If you plan for your child to live permanently with someone else, with the caregiver, you may want to prepare the guardianship paperwork so it can be filed if needed.

If someone becomes the legal guardian of your child, they have the right to make decisions about your child **instead** of you. If you want to end the guardianship, you will have to ask a judge to end it and the guardian can object. Think carefully before you decide to make someone your child's guardian. You will be giving up your rights as a parent. You can find information about guardianship online (<http://www.mass.gov/courts/selfhelp/guardians/guardian-child.html>) or at the probate and family court closest to you.

Advice for Survivors of Domestic Violence

If you are a survivor of domestic violence the person who abused you may try to take your child. You may need to collect documents that show why your abuser should not get custody. The caregiver you choose may need to go to court if the person who abused you tries to get custody of your child. Talk to your domestic violence counselor if you have one or reach out to a domestic violence program for more information and for safety planning. You can find a list of domestic violence organization here – http://www.janedoe.org/who_we_are/members_list.

Important Documents

Make a file of important documents or copies of important documents. Make sure you, your family, your caregiver, and the designated agent on your Health Care Proxy know where to find these documents in case of an emergency.

These are examples of documents (or copies) that you may want to get together:

- Birth Certificates
- Marriage License
- Insurance documents/ MassHealth information
- Any family court documents, like guardianship or custody paperwork
- Any immigration documents (work permit, green card, visa, etc.), especially documents that have your “A” number
- Driver’s License and/or Other Identification Cards
- Social Security Card or ITIN number
- Children’s vital information page
- Emergency Contact Information
- Caregiver’s Authorization Affidavit
- Temporary Agent Authorization
- Health Care Proxy
- Any other documents that you think are important

Child's Vital Information

This document has important information about your child. It should be given to the person who will take care of your child, or kept with your important documents. You should fill one out for each child.

Child's name	
Date of Birth	
School name and address	
Teacher's name/contact information	
Afterschool activities/program information	
Doctor's name	
Doctor's phone number	
Medications	
Allergies	
Medical conditions	
Health insurance	
Favorite toys, books, etc.	

Family and Emergency Contacts	
Parent 1's Information	Name: Phone Number(s): Address:
Parent 2's Information	Name: Phone Number(s): Address:
Other emergency contact: <hr/>	Name: Phone Number(s): Address: Relationship to child (grandfather, aunt, family friend):

Other emergency contact: _____	Name: Phone Number(s): Address: Relationship to child (grandfather, aunt, family friend):
Other emergency contact: _____	Name: Phone Number(s): Address: Relationship to child (grandfather, aunt, family friend):

Any additional information or notes for the caregiver (how to help child relax, specific routines, etc.):	
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CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

I, _____, residing at _____

am the parent legal guardian legal custodian of the minor child(ren) listed below.

I do hereby authorize _____, residing at _____ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

_____ name _____ date of birth

_____ name _____ date of birth

_____ name _____ date of birth

_____ name _____ date of birth

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

[OPTIONAL – *you can choose an alternate caregiver if you want*] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver, I hereby appoint _____, residing at _____, as the alternate caregiver.

The following statements are true: (*Please read*)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (*If you are the legal guardian or custodian, attach the court order appointing you.*)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities 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.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

This document shall remain in effect until _____ (*not more than two years from the date I sign it*) or until I notify the caregiver in writing that I have amended or revoked it.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Authorizing Party Signature: _____
(parent/guardian/custodian)

Printed name: _____

Telephone number: _____

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE
(*To be signed by persons over the age of 18 who are not the designated caregiver*)

Witness #1 Signature

Witness #2 Signature

Printed Name

Printed Name

Phone Number

Phone Number

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: _____

Printed name of notary: _____

My commission expires: _____

4. CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the caregiver)

I, _____, am at least 18 years of age and the above child(ren) will reside with me at _____. This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: _____

Printed name: _____

Telephone Number: _____

Date: _____

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the alternate caregiver, if you choose one)

I, _____, am at least 18 years of age and the above child(ren) will reside with me at _____. This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and my presentation of this signed document constitutes my attestation.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended

affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of alternate caregiver: _____

Printed name: _____

Telephone Number: _____

Date: _____

This document gives someone the right to make school and healthcare decisions for your child(ren).
It can last for 2 years.

CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234,
am the parent/legal guardian/legal custodian (circle one) of the minor child(ren) listed below.

I do hereby authorize Jessica Jones, residing at
321 Main Street, Boston, MA 04321 to exercise concurrently the rights
and responsibilities, except those prohibited below, that I possess relative to the education and health care
of the minor children whose names and dates of birth are:

Write the name and address of the person you want to take care of your child(ren). This person is called "the caregiver." This person can make school and medical decisions for your child(ren).

<u>Child #1</u>	<u>01/01/2010</u>	<u>Child #2</u>	<u>01/01/2007</u>
Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
Name	Date of Birth	Name	Date of Birth

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

Write down anything you don't want the caregiver to do.

(for example) the caregiver cannot change my child's school

[OPTIONAL – you can choose an alternate caregiver if you want] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver, I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate caregiver.

If the person you pick for the caregiver cannot help, you can pick a second person just in case. Write their name and address here.

The following statements are true: (Please read)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (If you are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities 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.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

What does this mean?
• No court has said you cannot make decisions for your child(ren)
• You are not filling out this form so your child(ren) can go to a different school, or to give rights to a caregiver that a court took away
• No one is forcing you to sign this form
• If you change this form or end the authorization, you will give a new form to everyone who has a copy

Initials

Initial each page

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

The caregiver only has rights to make decisions about your child if you are unavailable.

This document shall remain in effect until 01/01/2019 (not more than two years from date of signing) or until I notify the caregiver in writing that I have amended or revoked it.

You decide how long the document is valid – it cannot be for more than 2 years.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Authorizing Party Signature: Parent

Attention! You must sign the document in front of a notary public.

Printed name: Parent

Telephone number: 617-555-5555

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated caregiver)

Witness #1
Witness #1 Signature

Witness #2
Witness #2 Signature

Witness #1
Printed Name

Witness #2
Printed Name

617-555-5556
Phone Number

617-555-5557
Phone Number

Attention! Two adults have to watch you sign the document and then sign here – you all must sign in front of a notary public. The two adults cannot be the caregiver or the second person you picked to be the caregiver.

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

You and the two adults have to sign the document in front of a notary public. You have to show ID, like a passport or license, to the notary.

Signature and seal of notary: _____

Printed name of notary: _____

My commission expires: _____

4. CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the caregiver)

I, Jessica Jones, am at least 18 years of age and the above child(ren) will reside with me at 123 Main Street, Boston, MA 01234. This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such and presentation of this signed form constitutes my attestation.

Write the caregiver's name and address.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

The caregiver knows that this document gives him/her the right to make school and medical decisions for your children, when your children live with him/her. S/he cannot decide something that they know you disagree with. If you change or end the agreement, the caregiver will give copies to everyone.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

The caregiver can sign at the same time as you, or at a different time. The caregiver signature does not have to be signed in front of a notary public.

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the alternate caregiver, if you choose one)

I, John Smith, am at least 18 years of age and the above child(ren) will reside with me at 1234 Center Street, Boston, MA 01234. This document shall take effect when the child is residing with me. My attestation of the residence of the child shall be sufficient evidence of such and my presentation of this signed form constitutes my attestation.

If you choose a backup caregiver, write the person's name and address.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

The backup caretaker knows that this document gives him/her the right to make school and medical decisions for your children, when your children live with him/her. S/he cannot decide something that they know you disagree with. If you change or end the agreement, the caregiver will give copies to everyone.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: John Smith

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

The caregiver can sign at the same time as you, or at a different time. The alternate caregiver signature does not have to be signed in front of a notary public.

TEMPORARY AGENT APPOINTMENT

Massachusetts General Laws Chapter 190B, § 5-103

1. APPOINTING PARTY (Parent/custodian/guardian)

I, _____, residing at _____,
am the parent legal guardian legal custodian of the minor child(ren) listed
below.

I do hereby appoint _____, residing at _____
_____ as temporary agent to exercise any power
regarding the care, custody, or property [except the power to consent to marriage or
adoption and any additional acts prohibited below], that I possess relative to the minor
child(ren) whose names and dates of birth are:

_____	_____	_____	_____
name	date of birth	name	date of birth
_____	_____	_____	_____
name	date of birth	name	date of birth

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

[**OPTIONAL** – *you can choose an alternate agent if you want*] In the event that the
above-named individual is unavailable or unwilling to serve as the agent, I hereby
appoint _____, residing at
_____, as the alternate agent.

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the guardian or custodian, please attach the court order appointing you.)*
- I confer these rights and responsibilities 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.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided the affidavit.

This document shall take effect only if and at such time as I become incapacitated or unavailable to make decisions for my child. Proof of my incapacitation or unavailability may be made through the attestation of my healthcare professional or through attestation of my agent.

This document shall remain in effect 60 days after it takes effect or until I notify the agent in writing that I have amended or revoked it.

Check applicable statements:

- The non-appointing parent has given consent (*See page 4*)
- I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)
 - deceased
 - whereabouts unknown
 - unwilling to provide care for the minor child
 - unable to provide care for the minor child

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: _____
(parent/guardian/custodian)

Date: _____

Printed Name: _____

Telephone number: _____

2. WITNESSES TO APPOINTING PARTY SIGNATURE
(*To be signed by persons over the age of 18 who are not the designated agent.*)

Witness #1 Signature

Witness #2 Signature

Printed name

Printed name

Address and telephone number

Address and telephone number

3. TEMPORARY AGENT ACKNOWLEDGMENT (*To be signed and completed by the agent*)

I, _____, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Telephone number: _____

4. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT *(If you choose an alternate agent, please have complete and sign)*

I, _____, hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian, or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Telephone number: _____

5. NONAPPOINTING PARENT CONSENT (*The other parent must give permission if you know where they are and they are willing and able to care for the child*)

I, _____, residing at _____, am the nonappointing parent of the child(ren). I consent to the designation of _____ to be a temporary agent and _____ to be the alternate agent (if applicable) for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

Signature: _____

Date: _____

Printed Name: _____

Telephone number: _____

This document gives someone the right to make decisions for your child about anything a parent can decide – such as school, healthcare, property, and finances. It can last for up to 60 days.

TEMPORARY AGENT APPOINTMENT
Massachusetts General Laws Chapter 190B §5-103

1. APPOINTING PARTY (Parent/Guardian/Custodian)

I, Parent, residing at 123 Main Street, Boston, MA 01234,
am the parent legal guardian legal custodian of the minor child(ren) listed below.

I do hereby appoint Jessica Jones, residing at 321 Main Street, Boston, MA 04321 as temporary agent to exercise any power regarding the care, custody, or property [except the power to consent to marriage or adoption and any additional acts prohibited below], that I possess relative to the minor child(ren) whose names and dates of birth are:

Write the name and address of the person you want to take care of your child(ren). This person is called "the agent." This person can make any decisions for your children that you could make.

Child #1 01/01/2010
Name Date of Birth

Child #2 01/01/2007
Name Date of Birth

Name Date of Birth

Name Date of Birth

Write down anything you don't want the agent to do.

The agent may NOT do the following: *(If there are any specific acts you do not want the agent to perform, please state those acts here.)*

(for example) the agent cannot change my child's school

If the person you pick for the agent cannot help, you can pick a second person if you want. Write their name and address here.

[OPTIONAL – you can choose an alternate agent if you want] In the event that the above-named individual is unavailable or unwilling to serve as the agent, I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate agent.

The following statements are true: *(Please read)*

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the agent. *(If you are the legal guardian or custodian, attach the court order appointing you.)*
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to an agent from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities 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.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

What does this mean?
• No court has said you cannot make decisions for your child(ren)
• You are not filling out this form so your child(ren) can go to a different school, or to give rights to someone the court took them away from
• No one is forcing you to sign this form
• If you change this form, you will give a new form to everyone who has a copy

Initial each page.

This document shall take effect only if and at such time as I become incapacitated or unavailable to make decisions for my child. Proof of my incapacitation or unavailability may be made through the attestation of my health care professional or through attestation of my agent.

The agent only has rights to make decisions about your child(ren) if you are incapacitated or unavailable.

This document shall remain in effect until 60 days from the date it becomes effective, or until I notify the agent in writing that I have amended or revoked it.

This form is only valid starting when you are arrested or missing, and will last for 60 days.

Check applicable statements:

- The non-appointing parent has given consent (*See page 4*)
- I have not attached the non-appointing parent consent because the non-appointing parent is: (*The non-appointing, or other parent, does not have to give permission if one of the following statements is true*)
 - deceased
 - whereabouts unknown
 - unwilling to provide care for the minor child
 - unable to provide care for the minor child

You may need to get permission from the other parent. If you do, the other parent will sign section 5.

You may not need permission if one of these statements is true. Check the one that applies.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Appointing Party Signature: Parent

You must sign the document in front of two witnesses.

Printed name: Parent

Telephone number: 617-555-5555

2. WITNESSES TO APPOINTING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated agent)

Witness #1
Witness #1 Signature

Witness #2
Witness #2 Signature

Witness #1
Printed Name

Witness #2
Printed Name

617-555-5551
Phone Number

617-555-5552
Phone Number

Two adults have to watch you sign the document and also sign it. Do not sign without your witnesses.

3. TEMPORARY AGENT ACKNOWLEDGMENT (To be signed and completed by the agent)

I, Jessica Jones, hereby accept this Temporary Agent Appointment.

The agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature of agent: Jessica Jones

Printed name: Jessica Jones

Telephone Number: 617-555-5558

Date: 06/01/2017

The agent can sign at the same time as you, or at a different time.

4. ALTERNATE TEMPORARY AGENT ACKNOWLEDGMENT (If you choose an alternate agent, please have complete and sign)

I, John Smith , hereby accept this Temporary Agent Appointment.

I am at least 18 years of age.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise power relative to the child(ren), except those powers prohibited above.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature of agent: John Smith

Printed name: John Smith

Telephone Number: 617-555-5559

Date: 06/01/2017

If you choose a backup agent, write his or her name here. The backup agent agrees and understands that rights given to him/her in this form don't begin until you are arrested or missing. If you change or end the agreement, the agent must give copies of the changes to everyone.

The backup agent can sign at the same time as you, or at a different time.

5. NONAPPOINTING PARENT CONSENT (if applicable)

I, Parent #2, residing at 123 Massachusetts Street, Boston, MA 01234, am the nonappointing parent of the child(ren). I consent to the designation of _____ to be a temporary agent and _____ to be an alternate temporary agent for my child(ren). I understand that the temporary agent will have any power regarding the care, custody, or property of the child(ren), [except as stated in Section 1].

If you know where the other parent is, and the other parent could take care of the child, but is not going to, you should put their information here and have them sign.

Signature: Parent #2
Printed Name: Parent #2
Telephone number: 617-555-5559

Date: 06/01/2017

The other parent also does not have to sign in front of a notary public.

YOUR BIRTH DATE (m/d/y)

____/____/____

MASSACHUSETTS HEALTH CARE PROXY

1 I, _____, residing at
(Principal: PRINT your name)

(Street) (City/town) (State/ZIP)

appoint as my **Health Care Agent:** _____
(Name of person you choose as Agent)

of _____
(Street) (City/town) (State/ZIP)

Agent's tel (h) _____ (w) _____ E-mail _____

OPTIONAL: If my agent is unwilling or unable to serve, then I appoint as my **Alternate Agent:**

(Name of person you choose as Alternate Agent)

of _____
(Street) (City/town) (State/ZIP) (Phone)

2 My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions myself. My Agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My Agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them **EXCEPT** (here list the limitations, *if any*, you wish to place on your Agent's authority):

I direct my Agent to make health care decisions based on my Agent's assessment of my personal wishes. If my personal wishes are unknown, my Agent is to make health care decisions based on my Agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

3 **Signed:** _____ **Date:** ____/____/____ (mo/day/yr)

Complete only if Principal is physically unable to sign: I have signed the Principal's name above at his/her direction in the presence of the Principal and two witnesses.

(Name) (Street)

(City/town) (State/ZIP)

4 **WITNESS STATEMENT:** We, the undersigned, each witnessed the signing of this Health Care Proxy by the Principal or at the direction of the Principal and state that the Principal appears to be at least 18 years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent or Alternate Agent in this document.

In our presence, on this day ____/____/____ (mo / day / yr).

Witness #1 _____
(Signature)

Witness #2 _____
(Signature)

Name (print) _____

Name (print) _____

Address _____

Address _____

Statements of Health Care Agent and Alternate Agent (OPTIONAL)

Health Care Agent: I have been named by the Principal as the Principal’s **Health Care Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other health facility where the Principal is presently a patient or resident or has applied for admission. But if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal’s wishes.

(Signature of **Health Care Agent**)_____

Alternate Agent: I have been named by the Principal as the Principal’s **Alternate Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other health facility where the Principal is presently a patient or resident or has applied for admission. But if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal’s wishes.

(Signature of **Alternate Agent**)_____

* * * * *

YOUR BIRTH DATE (m/d/y)
05 / 05 / 1985

MASSACHUSETTS HEALTH CARE PROXY

1 I, Your Name, residing at _____, (Principal: PRINT your name)
123 Main Street Brockton MA 01234
(Street) (City/town) (State/ZIP)

Fill in your name, address, and birth date

appoint as my **Health Care Agent:** Jessica Jones (Name of person you choose as Agent)
of 321 Main Street Boston MA 04321
(Street) (City/town) (State/ZIP)

Fill in the information of whoever you choose as your health care "agent" or the person who will be able to make medical decisions for you

Agent's tel (h) 555-123-4567 (w) 555-765-4321 E-mail _____

OPTIONAL: If my agent is unwilling or unable to serve, then I appoint as my **Alternate Agent:**

_____ (Name of person you choose as Alternate Agent)
of _____
(Street) (City/town) (State/ZIP) (Phone)

If the person you pick for the agent cannot help, you can pick a second person just in case. Write their name and address here.

2 My Agent shall have the authority to make all health care decisions for me, including decisions about life-sustaining treatment, subject to any limitations I state below, if I am unable to make health care decisions myself. My Agent's authority becomes effective if my attending physician determines in writing that I lack the capacity to make or to communicate health care decisions. My Agent is then to have the same authority to make health care decisions as I would if I had the capacity to make them **EXCEPT** (here list the limitations, *if any*, you wish to place on your Agent's authority):

This section is saying that your agent can make any decision about your health care for you if your doctor says you can't make the decision yourself. You agent has to make whatever choice they think you would make. You can list anything you *don't* want your agent to be able to decide. Then you sign and date here

In the case of.....

I direct my Agent to make health care decisions based on my Agent's assessment of my personal wishes. If my personal wishes are unknown, my Agent is to make health care decisions based on my Agent's assessment of my best interests. Photocopies of this Health Care Proxy shall have the same force and effect as the original and may be given to other health care providers.

3 Signed: Your Name Date: 01 / 01 / 19 (mo/day/yr)

Complete only if Principal is physically unable to sign: I have signed the Principal's name above at his/her direction in the presence of the Principal and two witnesses.

(Name) _____
(Street)

(City/town) (State/ZIP)

4 **WITNESS STATEMENT:** We, the undersigned, each witnessed the signing of this Health Care Proxy by the Principal or at the direction of the Principal and state that the Principal appears to be at least 18 years of age, of sound mind and under no constraint or undue influence. Neither of us is named as the Health Care Agent or Alternate Agent in this document.

In our presence, on this day 01 / 01 / 19 (mo / day / yr).

Today's date

Witness #1 Witness 1
(Signature)

Witness #2 Witness 2
(Signature)

Name (print) Witness 1

Name (print) Witness 2

Address 1234 Street Dorchester MA 02122

Address 4321 Street Boston MA 02101

Attention! Two adults have to watch you sign the document and then sign here –the two adults cannot be the agent or the second person you picked to be the agent.

5 Statements of Health Care Agent and Alternate Agent (OPTIONAL)

Health Care Agent: I have been named by the Principal as the Principal’s **Health Care Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other health facility where the Principal is presently a patient or resident or has applied for admission. But if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal’s wishes.

This says you and the agent have talked about your health care wishes and they will do their best to make whatever choices you would want. Agent can sign here.

(Signature of **Health Care Agent**) Jessica Jones

Alternate Agent: I have been named by the Principal as the Principal’s **Alternate Agent** by this Health Care Proxy. I have read this document carefully, and have personally discussed with the Principal his/her health care wishes at a time of possible incapacity. I know the Principal and accept this appointment freely. I am not an operator, administrator or employee of a hospital, clinic, nursing home, rest home, Soldiers Home or other health facility where the Principal is presently a patient or resident or has applied for admission. But if I am a person so described, I am also related to the Principal by blood, marriage, or adoption. If called upon and to the best of my ability, I will try to carry out the Principal’s wishes.

If you chose an additional agent, they can sign here

(Signature of **Alternate Agent**) _____

* * * * *