AFFIDAVIT FOR TEMPORARY CUSTODIAN'S HEALTHCARE AUTHORIZATION

In accordance with Delaware law regarding the consent to healthcare for minors, 13 Del. C. § 707(b)(5), I hereby swear or affirm that:

I. I, _____ [name of parent/guardian #1] am an adult of sound mind. I reside at _____ and my telephone number is _____. I am the [check one]

- ◯ Biological or adoptive parent
- ◯ Guardian pursuant to court order

Of the child/ren listed in Part III, for whom I wish to name a temporary custodian to consent to the child/ren's medical care in the event I cannot be reached.

II. I, _____ [name of parent/guardian #2] am an adult of sound mind. I reside at _____ and my telephone number is _____. I am the [check one]

- ◯ Biological or adoptive parent
- ◯ Guardian pursuant to court order

Of the child/ren listed in Part III for whom I wish to name a temporary custodian for the purposes of consenting to medical care in the event I cannot be reached.

III. Children for whom a temporary custodian is named:

1. _____[name], born _____ [date of birth]
2. _____[name], born _____ [date of birth]
3. _____[name], born _____ [date of birth]
4. _____[name], born _____ [date of birth]
5. _____[name], born _____ [date of birth]

IV. I/we hereby request that _____ [name(s) of temporary custodian], who is/are an adult of sound mind, who resides at _____ [address] and whose telephone number is _____, serve as temporary custodian(s) of the child/ren named in Part III of this affidavit, in the event I/we cannot be reached, and who shall consent to the child/ren in Part III's medical care in the event I cannot be reached.

V. My/our signatures below constitute our consent for the temporary custodian named in part IV to authorize and provide consent for the following healthcare for the child/ren named in Part III: examination and treatment of (i) any laceration, fracture or other traumatic injury suffered by such child/ren, or (ii) any symptom, disease or pathology which may, in the judgment of the attending healthcare personnel preparing such treatment, if untreated, reasonably be expected to threaten the health or life of such minor. This Affidavit is valid solely for the purposes of authorizing healthcare as authorized by 13 Del. C. § 707(b)(5).

VI. I/we agree that the presentation of this Affidavit will be sufficient proof that the Temporary Custodian named in part IV is acting at my/our request and shall be understood as my/our consent for the individual named in part IV to act as our child's temporary custodian, and to make healthcare decisions as specified in this Affidavit. I/we waive any further "reasonable efforts" to obtain my/our consent regarding the temporary custodian's authorization under this Affidavit.

VII. This Affidavit is valid, unless revoked by me in writing, from the time it is signed by me/us, and until _____ date (maximum one year); if no date is listed in this part, this Affidavit is valid for one year.

_____ _____
Signature of Parent/Guardian #1 Date

Witnessed by:

_____ _____
*Signature of adult witness** *Date*

_____ _____
Printed name of witness *Address of witness*

_____ _____
Signature of Parent/Guardian #2, if applicable Date

Witnessed by:

_____ _____
*Signature of adult witness** *Date*

_____ _____
Printed name of witness *Address of witness*

*** WITNESSES MAY NOT BE A PERSON NAMED IN THIS AFFIDAVIT.**

This affidavit was developed by the Disabilities Law Program (DLP) of Community Legal Aid Society, assist parents who may have a need to designate a temporary custodian of their child/ren for the purposes of medical decision making. **The development of this form does not constitute legal advice or the formation of an attorney client relationship, and the DLP makes no guarantees that the Affidavit will be acceptable in all circumstances.**

Should you require legal assistance you may contact the DLP at:

New Castle County: (302) 575-0660 * Kent County: (302) 674-8500 * Sussex County: (302) 856-0038
100 W. 10th St., Ste. 801, Wilmington * 840 Walker Rd., Dover * 20151 Office Circle, Georgetown
www.declasi.org *Version: 5/2020*