

IL APPOINTMENT OF SHORT-TERM GUARDIAN

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY

IT IS IMPORTANT TO READ THE FOLLOWING INSTRUCTIONS:

By properly completing this form, a parent or the guardian of the person of the child is appointing a guardian of a child of the parent (or a minor ward of the guardian, as the case may be) for a period of up to 365 days. A separate form should be completed for each child. The person appointed as the guardian must sign the form, but need not do so at the same time as the parent or parents or guardian.

If you are a parent or guardian who is a member of the Armed Forces of the United States, including any reserve component thereof, or the commissioned corps of the National Oceanic and Atmospheric Administration or the Public Health Service of the United States Department of Health and Human Services detailed by proper authority for duty with the Armed Forces of the United States, or who is required to enter or serve in the active military service of the United States under a call or order of the President of the United States or to serve on State active duty, you may appoint a short-term guardian for your child for the period of your active duty service plus 30 days. When executing this form, include the date your active duty service is scheduled to begin in part 3 and the date your active duty service is scheduled to end in part 4.

This form may not be used to appoint a guardian if there is a guardian already appointed for the child, except that if a guardian of the person of the child has been appointed, that guardian may use this form to appoint a short-term guardian. Both living parents of a child may together appoint a guardian of the child, or the guardian of the person of the child may appoint a guardian of the child, for a period of up to 365 days through the use of this form. If the short-term guardian is appointed by both living parents of the child, the parents need not sign the form at the same time.

1. Parent (or guardian) and Child. I, _____, currently residing at

_____, am a parent (or the guardian of the person) of the following child (or of a child likely to be born):

Name: _____

Birthdate: _____

2.Guardian. I hereby appoint the following person as the short-term guardian for the child:

Name: _____

Address: _____

3.Effective date. This appointment becomes effective: (check one if you wish it to be applicable)

On the date that I state in writing that I am no longer either willing or able to make and carry out day-to-day child care decisions concerning the child.

On the date that a physician familiar with my condition certifies in writing that I am no longer willing or able to make and carry out day-to-day child care decisions concerning the child.

On the date that I am admitted as an in-patient to a hospital or other health care institution.

On the following date: _____

On the date my active duty service begins: _____

Other: _____

[NOTE: If this item is not completed, the appointment is effective immediately upon the date the form is signed and dated below.]

4.Termination. This appointment shall terminate 365 days after the effective date, unless it terminates as determined by the event or date I have indicated below: (check one if you wish it to be applicable)

On the date that I state in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child, but not more than 365 days after the effective date.

On the date that a physician familiar with my condition certifies in writing that I am willing and able to make and carry out day-to-day child care decisions concerning the child, but not more than 365 days after the effective date.

On the date that I am discharged from the hospital or other health care institution where I was admitted as an in-patient, which established the effective date, but not more than 365 days after the effective date.

On the date which is (state a number of days, but no more than 365 days) days after the effective date. _____

On the date no more than 30 days after my active duty service is scheduled to end: (insert date active duty service is scheduled to end). _____

Other: _____

[NOTE: If this item is not completed, the appointment will be effective for a period of 365 days,

beginning on the effective date.]

5.Date and signature of appointing parent or guardian. This appointment is made this _____ day of _____ 20_____.

Signed: _____ (appointing parent)

6.Witnesses. I saw the parent (or the guardian of the person of the child) sign this instrument or I saw the parent (or the guardian of the person of the child) direct someone to sign this instrument for the parent (or the guardian). Then I signed this instrument as a witness in the presence of the parent(or the guardian) . I am not appointed in this instrument to act as the short-term guardian for the child.

Witnesses:

Name: _____

Address: _____

Name: _____

Address: _____

7.Acceptance of short-term guardian. I accept this appointment as short-term guardian on this _____ day of _____ 20_____.

Signed: _____ (short-term guardian)

8.Consent of child???'s other parent. I, _____, currently

residing at _____ hereby

consent to this appointment on this _____ day of _____ 20_____.

Signed: _____ (consenting parent)

[NOTE: The signature of a consenting parent is not necessary if one of the following applies: (i) the child???'s other parent has died; or (ii) the whereabouts of the child???'s other parent are not known; or (iii)

the child's other parent is not willing or able to make and carry out day-to-day child care decisions concerning the child; or (iv) the child's parents were never married and no court has issued an order establishing parentage.]

Notice of Nondiscrimination

Derick Dermatology complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Derick Dermatology does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Derick Dermatology:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact Ashley Mayerck at 847-381-8899 x1147

If you believe that Derick Dermatology has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with Ashley Mayerck, Civil Rights Coordinator in person, or via mail, fax or email at:

Derick Dermatology
Attn: Civil Rights Coordinator
1531 S. Grove Ave. Suite 101
Barrington, IL 60010

Phone: 847-381-8899 x1147

Fax: 847-381-8999

Email: CRC@derickdermatology.com

If you need help filing a grievance, Ashley Mayerck, our Civil Rights Coordinator, is available to assist you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave, SW
Room 509F, HHH Building
Washington D.C. 20201

Phone: 800-368-1019 / 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 847-381-8899.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 847-381-8899.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 847-381-8899。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 847-381-8899.

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร (847) 381-8899 (TTY: 847-381-8899)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 847-381-8899.

Ou gen dwa pou jwenn èd ak enfòmasyon nan lang natifnatal ou gratis. Pou mande yon entèprèt, rele nimewo (847) 381-8899. (TTY: 847-381-8899)

Você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para solicitar um intérprete, ligue para (847) 381-8899. (TTY: 847-381-8899)

Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 847-381-8899.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 847-381-8899.

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 847-381-8899.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 847-381-8899.

XIYYEEFFANAA: Afaan dubbattu Oroomiiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 847-381-8899.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 847-381-8899.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 847-381-8899.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。847-381-8899, 访问代码

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 847-381-8899.

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 847-381-8899.

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistentă lingvistică, gratuit. Sunați la 847-381-8899.

Summary and Signature

- I understand that I am consenting to electronically sign all documents.
- I understand that my electronic signature is considered the legal equivalent of my manual signature.
- I understand that I have the right to request printed copies of all electronically signed documents.
- I understand that I have the right to receive these documents in paper form.
- I understand that I have the right to consult with my provider prior to signing my consent forms.
- I have read my consent forms carefully, and I understand their contents including the following:
 - Description of proposed treatment
 - Risks and possible complications
 - Limitations of treatment
 - Contraindications and warnings
 - Alternative treatments
 - The risks of refusing treatment
 - Financial considerations
- I have no additional unanswered questions regarding my consent forms.
- I understand that there is no guarantee of a perfect result or cure.
- I voluntarily request that my provider perform the treatments described in my consent forms.

Patient Name: _____

Birth Date: _____

Signature: _____

Date: _____

Medical Record #: _____

Witness: _____

Date: _____