

[Healthcare professional's name]

[Healthcare facility/organization]

[Address]

[City, State, Zip code]

[Phone number]

[Email]

Parenting Plan Agreement

Child information
Child's name:
Date of birth:
Medical conditions (if applicable):
1. Custody and visitation schedule
Primary custodian:
Parent 1/Parent 2
Visitation schedule:
Specify the visitation schedule, including weekdays, weekends, holidays, and special occasions.
2. Decision-making authority
Major healthcare decisions:
Specify which parent has the authority to make medical decisions.
Educational decisions:
Specify which parent has the authority to make educational decisions.

Religious decisions:

Specify which parent has the authority to make religious decisions.

3. Communication and co-parenting**Methods of communication:**

Specify preferred communication methods, e.g., phone, email, text.

Co-parenting approach:

Describe the commitment to open communication and cooperation in parenting matters.

4. Medical care and treatment**Healthcare provider:**

Specify the primary healthcare provider's name and contact information.

Access to medical records:

Agree on sharing medical information between parents.

Emergency situations:

Specify the protocol for handling medical emergencies.

5. Financial support

Child support:

Agree on child support arrangements, if applicable.

6. Extracurricular activities

Participation and costs:

Agree on how to handle extracurricular activities, including expenses.

7. Travel and relocation

Travel with child:

Specify conditions for domestic or international travel with the child.

Relocation notice:

Specify the advance notice required for any relocation.

8. Dispute resolution

Mediation:

Agree on the use of mediation to resolve conflicts.

Healthcare professional's involvement:

Specify the role of the healthcare professional in case of disputes.

9. Modification of the plan

Changes in circumstances:

Agree on the conditions for modifying the plan.

Notifying the healthcare professional:

Agree on notifying the healthcare professional about any changes.

Parent 1's signature

Date

Parent 2's signature

Date

Healthcare professional's signature

Date