

[Healthcare Professional's Name]

[Healthcare Facility/Organization]

[Address]

[City, State, Zip Code]

[Phone Number]

[Email]

## Parenting Plan Agreement

We, [Parent 1's Name] \_\_\_\_\_ and [Parent 2's Name] \_\_\_\_\_, recognizing the importance of our child's well-being, hereby agree to the following Parenting Plan, with the assistance and guidance of [Healthcare Professional's Name] \_\_\_\_\_, a dedicated healthcare practitioner.

### 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]

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- Religious Decisions: [Specify which parent has the authority to make religious decisions]

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### 3. Communication and Co-Parenting:

- Methods of Communication: [Specify preferred communication methods, e.g., phone, email, text]

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- Co-Parenting Approach: [Describe the commitment to open communication and cooperation in parenting matters]

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### 4. Medical Care and Treatment:

- Healthcare Provider: [Specify the primary healthcare provider's name and contact information]

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- Access to Medical Records: [Agree on sharing medical information between parents]

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- Emergency Situations: [Specify the protocol for handling medical emergencies]

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### 5. Financial Support:

- Child Support: [Agree on child support arrangements, if applicable]

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### 6. Extracurricular Activities:

- Participation and Costs: [Agree on how to handle extracurricular activities, including expenses]

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### 7. Travel and Relocation:

- Travel with Child: [Specify conditions for domestic or international travel with the child]

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- Relocation Notice: [Specify advance notice required for any relocation]

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**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]

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**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]

\_\_\_\_\_

We, *[Parent 1's Name]* \_\_\_\_\_ and *[Parent 2's Name]* \_\_\_\_\_, acknowledge that this Parenting Plan is made in the best interest of our child, with the guidance and support of *[Healthcare Professional's Name]* \_\_\_\_\_. We commit to this plan to ensure our child's physical, emotional, and psychological well-being.

Signature - Parent 1: \_\_\_\_\_ Date: \_\_\_\_\_

Signature - Parent 2: \_\_\_\_\_ Date: \_\_\_\_\_

Signature - Healthcare Professional: \_\_\_\_\_ Date: \_\_\_\_\_