

Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Please print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____.

2. Minor's birth date: _____.

3. My name (adult giving authorization): _____.

4. My home address:

_____.

5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").

6. Check one or both (for example, if one parent was advised and the other cannot be located):

I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

7. My date of birth: _____.

8. My California's driver's license or identification card number: _____.

Warning: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____

NOTICES:

1. This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody, and control of the minor, and does not mean that the caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

ADDITIONAL INFORMATION:**To Caregivers:**

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit. The affidavit is invalid after the school, health care provider, or health care service plan receives notice that the minor no longer lives with you.
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

To School Officials:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

To Health Care Providers and Health Care Service Plans:

1. A person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

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JURAT FORM - CAREGIVER'S AUTHORIZATION AFFIDAVIT

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of
_____, 20____, by _____, proved to me on
the basis of satisfactory evidence to be the person(s) who appeared before me.

(Notary Seal)

Signature of Notary Public

**LIST OF PEOPLE AND ORGANIZATIONS WHO HAVE A COPY OF THE
CAREGIVER'S AUTHORIZATION AFFIDAVIT**

On this form, list every person and organization you gave a copy of the Caregiver's Authorization Affidavit to. Keep this form for your records.

- Remember to notify the people on this list if the child stops living with you.
- Remember to complete a new form and give copies of it to the people on this list if any of the information changes.

CHILD'S NAME: _____

DOCTOR

Name: _____

Address: _____

Phone: _____

DOCTOR*

Name: _____

Address: _____

Phone: _____

DOCTOR*

Name: _____

Address: _____

Phone: _____

*There is room to list more than one doctor in case the child has more than one doctor.

HOSPITAL – EMERGENCY ROOM

Hospital Name: _____

Address: _____

Phone: _____

DENTIST

Name: _____

Address: _____

Phone: _____

TEACHER/SCHOOL OFFICIAL

Name: _____

School: _____

Address: _____

Phone: _____

SCHOOL DISTRICT (if different than above)

Name: _____

Address: _____

Phone: _____