



MT. DIABLO UNIFIED SCHOOL DISTRICT
Student Services Department

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CAREGIVER'S AUTHORIZATION AFFIDAVIT - Caring for Another Person's Child

Use of this Affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of California Family Code:
Instructions: Completion and the signing of the affidavit is sufficient to authorize enrollment of a minor in school
and authorize school-related medical care. This affidavit does not release legal custody to the caregiver.

The minor named below lives in my home during the school year:

Name of Minor: Date of Birth: Grade:

School Attending:

Parent Information:

Name:

Address: City: State: Zip:

Parent Signature (If available):

I am 18 years of age or older and am the Authorized Caregiver:

Name:

Address: City: State: Zip:

Home Phone: Cell Phone: Work Phone:

Drivers License / Identification Card Number: DOB:

I am a grandparent, aunt, uncle or other qualified relative of the minor (See reverse side for definition of "Qualified Relative")

Relative Status: Other Person:

Check one or both of the next statements: (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. State why:

Reason(s) for caregiving:

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. This caregiver affidavit is invalid after one (1) year of execution or the school district receives notice that the student no longer lives with the caregiver.

The caregiver understands that the district shall verify the student's residency, which may include a home visit by a district employee.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and I would testify under oath if called to do so. By signing this form I acknowledge that I have read and understand the conditions above.

Caregiver's Signature: Dated:

TO BE COMPLETED BY STUDENT SERVICES STAFF MEMBER

Authorized Signature: Print Name:

Home Visit Date: Verified: Unverified:

CAREGIVER'S AUTHORIZATION AFFIDAVIT - CARING FOR ANOTHER PERSON'S CHILD

Sometimes parents find that they need someone else, often a grandparent or other family member, to care for and make decisions for their children, but they do not want to establish a formal guardianship.

As an alternative to legal guardianship, caregivers can sign a Caregiver's Authorization Affidavit. A Caregiver's Authorization Affidavit is an official form based on California's recognition that adults who have minors living with them are "caregivers" who often want and need to take some responsibility for the minor's education and other care. A relative who has signed a Caregiver's Authorization Affidavit may enroll a child in public school and make school-related medical decisions on the minor's behalf

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. Execution of an affidavit **under penalty of perjury** pursuant to Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code by the caregiving adult is a sufficient basis for a determination that the pupil lives in the home of the caregiver, unless the school district determines from actual facts that the pupil is not living in the home of the caregiver.
2. "Qualified relative" means a spouse, parent, step parent, brother, sister, step brother, step sister, 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.
3. A caregiver that is a qualified relative has the same rights to medical and dental care that are given to legal guardians under Probate Code section 2353. Probate section 2353 states, in pertinent part, that a "guardian has the same right as a parent having legal custody of a child to give consent to medical treatment performed upon the ward and to require the ward receive the medical treatment."
4. Caregivers that are **NOT** "qualified relatives", as defined by the policy, are only allowed to authorize school-related medical care on behalf of the minor. "School-related medical care" generally means medical care that is required as a condition for school enrollment, including immunizations, physical exams and medical exams conducted in school for pupils. *California Family Code section 6550*
5. The law may require you, if you are not a relative or currently a 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.
6. 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.
7. If you do not have a 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 determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determined from actual facts 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 the Health Care Providers and Health Care Service Plans:

1. No 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 subject to criminal liability or to civil liability to any person, or is 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.