

**SAN MATEO UNION HIGH SCHOOL DISTRICT
PARENT/GUARDIAN AUTHORIZATION
RE: CAREGIVER**



I _____, am the parent/court appointed guardian of _____
Name of Parent/Guardian Name of Student

who is enrolled in the San Mateo Union High School District because he/she is residing **seven days a week year round with** _____, who is his/her authorized caregiver.
Name of Caregiver

I hereby authorize the following: Yes [] No []

The San Mateo Union High School District may release school records pertaining to my child to

(Name of Caregiver) _____, including any and all academic progress and/or testing and regarding any disciplinary matters. This release allows the caregiver to act in my place at any meetings regarding my child.

Initial _____

I hereby authorize the following: Yes [] No []

(Name of Caregiver) _____ may act in my place in all matters relating to my child's Special Education program.

Initial _____

I hereby authorize the following: Yes [] No []

(Name of Caregiver) _____ may sign any and all permission slips and/or hold harmless agreements for school related activities and/or field trips required by the San Mateo Union High School District.

Parent Signature _____ Date _____

Parent's/Legal Court Appointed Guardian's address:

_____ Address City State Zip

_____ Home Phone Work Phone Cell Phone

State of California }
County Of _____ }

On _____ before me, _____,
Date Here Insert Name and Title of the Officer

Personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ Signature of Notary Public

Place Notary Seal Above

INSTRUCTIONS

NOTICES:

1. This declaration does not affect the right 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.
3. This affidavit is not valid for more than one year after the date on which it is executed.

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 marriages have 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 minor stops living with you, you are required to notify any school, health care provider, or other health care service plan to which you have given an affidavit.
4. If you do not have the information requested in item 8 (California Driver's License of 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 for 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 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 subject to professional disciplinary action, for such reliance if the application portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.