

**ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT  
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. **Residence information will be verified** should it be determined that residence requirements are not being satisfied. The pupil's enrollment shall be terminated immediately, with proper notification to the parent/legal guardian. The parent/legal guardian may be held liable for any costs incurred by the district for educating a student who has been enrolled on the basis of a falsified address or other falsified information.

**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 through 8 is additionally required to authorize any other medical care. Please print clearly and answer all questions.

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 driver's license or identification card number: \_\_\_\_\_  
(Provide a copy of your ID/Driver's license. Address must reflect same as proof of residency)

**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 all statements contained in this affidavit and any accompanying documents is true and correct.

Executed on the date below in the County of \_\_\_\_\_ California.

\_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_  
Date

**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.**
- 3. **This affidavit is not valid for more than one year after the date on which it is executed.**

## **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 IMMEDIATELY notify the School, health care provider, or health care service plan to which you have given this affidavit.
- 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 showing current home address.

### **Situations Which Do NOT Constitute as a Qualified Caregiver**

1. The residence of a person who has an affidavit of responsibility or informal transfer of parental control for a student for the purpose of attending a District school.
2. The residence of a relative or child care person with whom a student lives part-time for the purpose of attending school when the student's parent or legal guardian reside in another District.
3. The work place of a student's parent or legal guardian, other than a school district employee or employee of the City of Roseville government.
4. Any situation where a student living with a parent, legal guardian or legally-defined caregiver is unable to produce reasonable evidence of residency as required by the District's criteria.

Full-time Caregivers are liable for all aspects of the student's enrollment as it relates to academics, attendance, discipline, medical, and emotional issues. Persons who provide false information under penalty of perjury are subject to criminal prosecution for perjury which is punishable by a fine and/or prison term of up to four years in state prison (Family Code §6552; Penal Code §118, 125)

## **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) **ROSEVILLE JOINT UNION HIGH SCHOOL DISTRICT requires additional reasonable evidence that the caregiver lives at the address provided in item 4. You must also provide any and all legal documents indicating legal custody of said minor or signed, notarized documentation from parent authorizing you as the Caregiver. CAREGIVER AUTHORIZATION MAY NOT BE USED IF PARENT(S) ARE LIVING IN THE GREATER PLACER & SACRAMENTO COUNTY AREAS.**

## **TO 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 dated 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.