

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 through 8 is additionally required to authorize any other medical care. **Only complete items 5 through 8 if you are related to the child.** Type or print clearly.

The minor named below lives in my (the caregiver's) 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 the minor's grandparent, aunt, uncle, spouse, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, niece, nephew, first cousin, grandaunt, granduncle, great-grandparent, great-grandaunt, great-granduncle, or the spouse of one of these persons.

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: _____

continued...

8. My California 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 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, CERTIFIED, OR APPROVED FOSTER PARENT, TO OBTAIN RESOURCE FAMILY APPROVAL PURSUANT TO SECTION 1517 OF THE HEALTH AND SAFETY CODE OR SECTION 16519.5 OF THE WELFARE AND INSTITUTIONS CODE 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 (CA DRIVER'S LICENSE OR I.D.), PROVIDE ANOTHER FORM OF IDENTIFICATION SUCH AS YOUR SOCIAL SECURITY NUMBER OR MEDI-CAL NUMBER.*

continued...

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 THAT RELIANCE IF THE APPLICABLE PORTIONS OF THE FORM ARE COMPLETED.*
2. *THIS AFFIDAVIT DOES NOT CONFER DEPENDENCY FOR HEALTH CARE COVERAGE PURPOSES.*



continued...

IMPORTANT CHILDREN'S INFORMATION

Keep this information so those you designate to care for your children in your absence have all of the information they need. Complete, save, and print a copy per child in your household.

Child's Name:	
Date of Birth:	
Child's Cell Phone Number (if applicable):	
School Name:	
School Address:	
School Phone Number:	
Teacher's Name:	
Teacher's Phone Number and/or Email (if applicable):	
Classroom Number:	
Afterschool Program (if applicable):	
Afterschool Program Phone Number (if applicable):	
Other Camp/Sports/Program:	
Other Camp/Sports/Program Phone Number (if applicable):	
Allergies:	
Medical Conditions:	
Medications:	
Doctor's Phone Number:	
Doctor's Address:	
Health Insurance Info:	

THIS FILLABLE DOCUMENT CAN BE COMPLETED DIGITALLY VIA PDF VIEWER/EDITOR OR PRINTED AND COMPLETED WITH BLUE/BLACK INK.



continued...

EMERGENCY NUMBERS AND IMPORTANT CONTACT INFORMATION

Keep this information in one place so that you and your family can access it easily.

EMERGENCY NUMBERS	
Immediate Emergency	911
Police Department	
Fire Department	
Poison Control	
FAMILY CONTACTS	
Mother/Parent/Guardian	
Home Phone	
Cell/Mobile Phone	
Work Address	
Work Phone	
Father/Parent/Guardian	
Home Phone	
Cell/Mobile Phone	
Work Address	
Work Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	