Relative Caregiver Affidavit (431.058 RSMo)

Before me, the undersigned authority, personally appeared _____ (relative caregiver), who being by me duly sworn, deposed as follows:

My name is _____, and I am of sound mind and am over 18 years of age. My personal information is as follows:

Date of Birth: _____

Address:_____

Contact Information:_____

Driver's License or Identification Card Numbers:_____

I am competent to testify to the following facts and matters:

I am a relative caregiver to _____ (name of child), whose date of birth is _____. My relationship to the child is _____.

The above named child is living with me at _____ (address) because of the following (describe the reasons why child lives with you and any attempts that you have made to advise the parent of the your intent to consent to medical treatment or educational services for the child, and any response of the parent): _____

_____

_____

_____

Parent's contact information (if known) is: _____

_____

☐ Attached is a signed and dated delegation of authority to me by the parent to consent to educational services or medical treatment.

☐ The reason why I am unable to contact the parent to advise the parent of my intent to consent to medical treatment or educational services for the child is _____

_____

_____

_____ _____

Date Signature of Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this _____ day of _____ 20____,

(Seal) _____

Signature of Notary Public

My Commission expires: _____

This affidavit expires one year after the date it is given to the health care provider or school. If the date the affidavit is given to a health care provider or school is unknown, it will expire one year after the date the relative caregiver signs this form.