

Caregiver's Authorization Affidavit

Use of this affidavit is authorized by Part 1.5 (Sections 6550–6552) 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 child in school and authorize school-related medical care. Completion of items 5–8 is additionally required to authorize any other medical care for the child. Type or print clearly.

The minor child named below lives in my home, and I am 18 years of age or older.

1. Name of minor child: _____
2. Minor's date of birth: _____
3. My name (*adult completing form*): _____
4. ☐ My home address: _____

5. ☐ I am a relative of the minor child named in item 1. (*See the back of this form for a definition of "relative."*)
6. Check one or both (*for example, if you advised one parent but cannot locate the other*):
 - a. ☐ I have advised the parent(s) or other person(s) having legal custody of the minor child named in item 1 of my intent to authorize medical care for the child and have received no objection.
 - b. ☐ I am unable at this time to contact the parent(s) or other person(s) having legal custody of the minor child named in item 1 to notify them of my intent to authorize medical care for the child.
7. My date of birth: _____
8. My California driver's license *or* identification card *or* government-issued consular card number: _____

Warning to caregiver: Do not sign this form if any of the completed statements above are not true. If you do so, you will be committing a crime punishable by a fine, imprisonment, or both.

Notice to Local Educational Agencies and health care service providers: This form does not need a court seal or the signature of a court clerk or judge to be valid. And it does not need to be notarized.

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct.

Date: _____



Sign your name

See Notices and Additional Information on page 2.

Notices:

1. This affidavit (also known as a *declaration*) does not affect the rights of the parents or legal guardian of the minor child named in item 1 on page 1 regarding the care, custody, and control of the child. It does not give the caregiver legal custody of the child.
2. A person who relies on this affidavit has no obligation to make further inquiry or investigation.

Additional Information:**TO CAREGIVERS:**

1. “Relative,” for purposes of item 5, means an adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words “great,” “great-great,” or “grand,” or the spouse of any of these persons even if the marriage was 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 child.
If you have any questions, please contact your local department of social services.
3. If the minor stops living with you, the affidavit is no longer valid. You are required to notify any school, health care provider, or health care service plan to which you have given this affidavit that the minor is no longer living with you and that, as a result, the affidavit is no longer valid.
4. If you do not have the information requested in item 8 (California driver’s license or ID, or government-issued consular card), 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 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 given in item 4.
3. This form does not need a court seal or the signature of a court clerk or judge to be valid. And it does not need to be notarized.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. When signed by a relative, this affidavit confers on that relative the same rights to authorize medical care and dental care for the minor child named in item 1 on page 1 as are given to a guardian under Section 2353 of the Probate Code. The medical care authorized by a relative caregiver may include mental health treatment, subject to the limitations in Section 2356 of the Probate Code.
2. A health care service provider who acts in good faith reliance upon a completed *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.
This form does not need a court seal or the signature of a court clerk or judge to be valid. And it does not need to be notarized.
3. This affidavit does not confer dependency for health care coverage purposes.