

Fresno Unified School District CAREGIVER'S AUTHORIZATION AFFIDAVIT

E 5111-11 (a)

Family Code Section 6552

DECLARATION OF ACCEPTANCE OF CUSTODIAL RESPONSIBILITIES

Use of this affidavit is authorized by Part 1.5 (commencing Section 6550) of Division 11 of the California Family Code.

INSTRUCTIONS: PRINT CLEARLY. Completion of items 1-4 and signing of the affidavit is sufficient to authorize enrollment of a minor in school and consent to school-related medical care. Being a qualified relative and completing additional items 5-8 authorizes consent for medical and dental care.

I. Minor(s) Information		2. Birthdate	Grade	FUSD I.D. #	In what school was the child last enrolled?
1. Name (First and Last)					

SCHOOL YEAR		
2025 -- 2026		
☐ NEW	☐ RENEWAL	
For Office Use Only:		
<u>Special Ed</u>	<u>Expelled/Pending</u>	<u>ELD</u>
Y__ N__	Y__ N__	Y__ N__
Y__ N__	Y__ N__	Y__ N__
Y__ N__	Y__ N__	Y__ N__
Y__ N__	Y__ N__	Y__ N__
Y__ N__	Y__ N__	Y__ N__

II. CAREGIVER INFORMATION: The minor(s) named above lives in my home and I am 18 years of age or older

3. My name: _____ Cell Phone: _____ (H) Phone: _____

4. My home address: _____ Apt. _____ Zip: _____ (W) Phone: _____

5. I am a ☐ Grandparent, ☐ Aunt, ☐ Uncle, ☐ Sibling, ☐ Other qualified relative: _____, ☐ or Other: _____

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) having legal custody of the minor to notify them of my intended authorization.

7. My date of birth _____ 8. My California driver's license or identification card number: _____ Exp.: _____

III. PARENT INFORMATION:

Name: _____ Address: _____

City: _____ State: _____ Phone: _____

DO NOT SIGN THIS FORM IF ANY OF THE ABOVE INFO. IS FALSE OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY A FINE, IMPRISONMENT, OR BOTH

IV. SIGNATURE: I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and I have been given a copy of my rights. Minor(s) will reside in my residence on a permanent basis which means not returning to parent's residence on weekends or evenings. Misrepresentation, a false address, or inaccurate information will void the affidavit and the student will be transferred to the school or district of residence. The affidavit is granted for one school year unless revoked in writing by the parent or legal guardian.

Date: _____ Caregiver Signature: _____ Parent Signature: _____

Administrator: _____ Date Approved: _____ Handler's Initials: _____ Date E-mailed: _____

School: _____



☐ ATLAS ☐ SPREADSHEET

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CAREGIVER RIGHTS AND ADDITIONAL INFORMATION

School placement will be based on space availability. This affidavit relates to residency within the district and cannot be used to change schools within the district.

TO CAREGIVERS:

- "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.
- The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license to care for a minor. If you have any questions, please contact your local department of social services.
- 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.
- If you do not have the information requested in item 8 (California driver's license or ID), provide another form of identification such as your social security number or Medi-Cal number.
- The Caregiver's Authorization Affidavit may not be used to circumvent the District's intra / interdistrict transfer policies or regulations.
- "School-related medical care" means medical care that is required by state or local governmental authority as a condition for school enrollment, including immunizations, physical examinations, and medical examinations conducted in schools for pupils (Add. Stats. 1996, Ch. 563).

RIGHTS:

- A caregiver's authorization affidavit that meets the requirements of F.C. 6550 authorizes a caregiver 18 years of age or older who completes items 1-4 of the affidavit provided in Section 6552 and signs the affidavit, to enroll a minor in school and consent to school-related medical care on behalf of the minor. A caregiver who is a relative and who completes items 1-8 of the affidavit provided in Section 6552 and signs the affidavit shall have the same rights to authorize medical care and dental care for the minor that are given to guardians under Section 2353 of the Probate Code. The medical care authorized by this caregiver who is a relative may include mental health treatment subject to the limitations of Section 2356 of the Probate Code. This affidavit also authorizes the caregiver to have access to student records and to release student records.
- The affidavit shall not be valid for more than one year after the date on which it is executed.
- The decision of a caregiver to consent to or to refuse medical or dental care for a minor shall be superseded by any contravening decision of the parent or other person having legal custody of the minor, provided the decision of the parent or other person having legal custody of the minor does not jeopardize the life, health, or safety of the minor.
- No person who acts in good faith reliance on 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 is subject to professional disciplinary action, for such reliance if the application portions of the affidavit are completed.
- 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.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

TO SCHOOL OFFICIALS:

- 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.
- The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.
- Affidavits are limited in scope. The affidavit does not address many issues, such as special education services, confidential medical information, alternative programs, or athletic eligibility.
- The affidavit is granted only for one school year unless revoked in writing by the parent or legal guardian.
- The original affidavit with signatures is on file at the Department of Prevention and Intervention, Attendance Office.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

- 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 is subject to professional disciplinary action for such reliance if the applicable portions of the form are completed.
- This affidavit does not confer dependency for health care coverage purposes.

Caregiver Signature

Date