



7950 S. Elm Avenue, Fresno CA 93706

CAREGIVER'S AUTHORIZATION AFFIDAVIT

Use of this affidavit is authorized by Part 1.5 (Commencing with Section 6550) of Division II 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 5-8 is additionally required to authorize any other medical care. The signatures required in this document must be notarized by both parties (legal guardian and caregiver). Print clearly.

Minor's Information

- 1. Legal Name of Minor: _____ School Requested: _____
- 2. Minor's Date of Birth: _____ Minor's Birth Location: _____
- Name of Parent: _____ Address: _____
- City: _____ State: _____ Zip: _____ Phone: () _____

Parent/ Legal Guardian Signature: _____ Date: _____

Caregiver's Information

The minor named above lives in my home and I am eighteen (18) years of age or older.

- 3. Name of adult caregiver: _____
- 4. Address: _____ City: _____ Residence Phone#: () _____
- 5. () I am a grandparent, aunt, uncle or other qualified relative of the minor.
(See back side 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 intended 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.
Reason: _____

7. My Date of Birth: _____

8. My California's Driver's License or Identification Card Number: _____

9. In addition to the "Caregiver Provisions", I hereby assume the financial liability for the above named minor student.

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 THE FOREGOING IS TRUE AND CORRECT.

Caregiver Signature: _____ 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 the affidavit has no obligation to make further inquiry or investigation.
3. This affidavit is not valid for more than **one year** after the date on which it is executed.

ADDITIONAL CAREGIVER INFORMATION

1. "Qualified relative", for purpose of item five (5), means a spouse, parent, step-parent, brother, sister, step-brother, step-sister, 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 of 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 notify** any 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 eight (8) (California driver's license or I.D.), 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 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. 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 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. (Add. Stats. 1993, Ch. 160)

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)