

WASHINGTON UNIFIED SCHOOL DISTRICT  
**CAREGIVER'S AUTHORIZATION AFFIDAVIT**

7950 S. Elm Avenue, Fresno CA 93706



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. Print clearly.

**Minor's Information**

1. Legal Name of Minor: \_\_\_\_\_ School Requested: \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_

2. Name of Parent: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

**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: \_\_\_\_\_

School Site Administrator 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.

## **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, 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. This 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 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. 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.