

CAREGIVER'S AUTHORIZATION AFFIDAVIT

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

Instructions: Completion of items 1-4 and the signing of the affidavit are 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. *This document must be renewed each school year.*

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

1. Name of Minor: _____ School: _____

2. Minor's birth date: _____

3. My name (caregiver giving authorization): _____

4. My home address: _____ **(Provide 1 proof)**

5. **Circle one:** I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back 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 intent to 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 of medical care.

7. My date of birth: _____

8. My California's driver's license or identification card number: _____

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.

Dated: _____

Signed: _____

I hereby fully accept and assume the above listed duties and obligations. I further swear or certify under the penalty of perjury that the foregoing is true and correct.

Executed on this _____ day of _____, 20____, in _____, California.

Person(s) accepting responsibility for the above named minor _____

Relationship to student _____

STATE OF CALIFORNIA)

COUNTY OF SAN DIEGO)

SUBSCRIBED AND SWORN TO (or affirmed) before me on ____/____/____

Signature _____

(SEAL)

Name (typed or printed) _____

NOTARY PUBLIC IN AND FOR SAID STATE

To be completed by the Director of Pupil Services AFTER SCHOOL VERIFIES THE ABOVE INFORMATION

Approved _____ Denied _____ Superintendent's Designee _____ Date _____

NOTICES

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 further inquiry or investigation. This affidavit is not valid for more than **one year** after the date on which it is executed (a new affidavit is to be completed prior to the start of each school year).

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 or 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 provided, 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 four (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.

This affidavit does not confer dependency for health care coverage purposes. (Add. Stats. 1993, Ch. 160) (OUSD-CWA 2-10)