

# 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.

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

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

Caregiver's Name: \_\_\_\_\_ Caregiver's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

California Driver's License/ID: \_\_\_\_\_ Caregiver's Relationship to Student: \_\_\_\_\_  
Caregiver must be a qualified relative. See below for determination of relationship

Caregiver's Home Address: \_\_\_\_\_

**6. Parent/Legal Guardian Authorization (check one):**

- I have advised the parent(s)/legal guardian(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)/legal guardian(s) having legal custody of the minor at this time to notify them of my intended authorization.

**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: \_\_\_\_\_ Signature of Caregiver: \_\_\_\_\_

### 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 this affidavit has no obligation to make any further inquiry or investigation.

**TO CAREGIVERS:**

1. "Qualified relative," 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.
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. The 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 a 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.

**TO HEALTH CARE PROVIDER 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 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.