CAREGIVER'S AUTHORIZATION AFFIDAVIT

enrollment of a minor ir	school and authorize school-related medical care. Completion of items 5-8 is	
[] I am requesting enrollment of the minor in school and to authorize school-related medical care (completion of items 1-4 is required only).		
[] I am requesting to au	orize medical care not school-related (completion of item 1-8 required).	
The minor named below	pletion of items 1-4 is required only). I am requesting to authorize medical care not school–related (completion of item 1-8 required). minor named below lives in my home and I am 18 years of age or older. Name of minor:	
1. Name of minor:		
2. Minor's birth date:		
3. My name (adult givin	authorization):	
4. My home address:	chool and authorize school-related medical care. Completion of items 5-8 is horize any other medical care. Print clearly. Illiment of the minor in school and to authorize school-related medical care required only). In orize medical care not school-related (completion of item 1-8 required). Items in my home and I am 18 years of age or older. In orize medical care not school-related (completion of item 1-8 required). Items in my home and I am 18 years of age or older. In original content of the minor (see below for a definition wample, if one parent was advised and the other cannot be located): Ithe parent(s) or other person(s) having legal custody of the minor of my intental care, and have received no objection. In ocontact the parent(s) or other person(s) having legal custody of the minor at them of my intended authorization. In original this form if any of the statements above are incorrect, or you will be thing a crime punishable by a fine, imprisonment, or both.	
5. [] I am a grandparen of "qualified relative").	aunt, uncle, or other qualified relative of the minor (see below for a definition	
6. Check one or both (for	xample, if one parent was advised and the other cannot be located):	
7. My date of birth:	ame of minor:	
8. My California's driver'	license or identification card number:	
I declare under penalty of correct.	perjury under the laws of the State of California that the foregoing is true and	
Dated:	Signed:	
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.
- 3. This affidavit is not valid for more than one year after the date on which it is executed.

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Additional Information:

TO CAREGIVERS:

- 1. "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.
- 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 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 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.
- 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 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.
- 2. This affidavit does not confer dependency for health care coverage purposes.