

Using a Caregiver Authorization Affidavit

A Caregiver Authorization Affidavit is a form for you to sign if you are caring for a person under 18 and you are not the parent or legal guardian of that person. This form lets people such as school personnel, doctors, and welfare caseworkers know that you are caring for the minor. You need to keep a copy of this form.

How to use a Caregiver Authorization Affidavit

- 1) If you are only using the form only for school enrollment, fill out items 1-4.
- 2) If you are a relative and will also use the form to consent to medical care, fill out items 5-8 as well.
- 3) Date and sign the form. This form does not need to be notarized.
- 4) Make copies of the form to give to the school, the doctor, and/or the welfare office. Always keep a copy of the form with you. You **do not** need to send this form to the Court or to Legal Services for Children.

You **may** use a Caregiver Authorization Affidavit to:

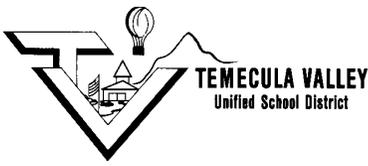
- 1) Enroll a minor you are caring for in school, whether or not you are related to the minor. The school must, by law, enroll a student with a caregiver authorization. You are never required to show legal custody of a minor to enroll him or her in school.
- 2) Consent to medical care for the minor, if you are related to the minor. (See definition of qualified relative on the back of the Caregiver Authorization Affidavit.)
- 3) Receive welfare benefits for the minor, if you are related to the minor.

A Caregiver Authorization Affidavit **DOES NOT** give you legal custody

You cannot use a Caregiver Authorization Affidavit to keep a minor in your care, against the wishes of his or her parent. The form does not grant you any type of legal custody of the minor. If you need to have legal custody of a minor to prevent his or her parent from taking him or her out of your care, you need to pursue a **legal guardianship**.

The Caregiver Authorization Affidavit is valid only in California.

The Caregiver Authorization Affidavit does not expire. If the minor stops living with you, you must notify the school and/or health care provider. The affidavit will no longer be valid once the school and/or health care provider receives notice that the minor has moved.



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 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.

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

1. Name of minor:
2. Minor's birth date:
3. My name (adult giving authorization):
4. My home address:
5. 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.
7. My date of birth:
8. My California 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:

Notices on back of this page.

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.

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. The affidavit is valid until 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 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. 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.