

MADERA UNIFIED SCHOOL DISTRICT

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.

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 date of birth: _____

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 next page 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.

Date: _____ 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.

Additional Information:

TO CAREGIVERS:

1. "Qualified relative", for purposes of item 5, means of 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, certified, or approved foster parent, to obtain resources family approval pursuant to Section 1517 of the Health and Safety Code or Section 16519.5 of the Welfare and Institution 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. 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 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 to be completed.
2. This affidavit does not confer dependency for health care coverage purposes.

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ASSURANCES BY CAREGIVER

I, _____, assume full responsibility for the behavior of _____, a minor child living with me under my care.

I assure the admitting school principal and all other school district authorities that I will cooperate with them fully in making sure that the minor child for whom I am assuming responsibility complies with all school regulations and performs all classroom and homework assignments.

I also agree to assume financial responsibility or damage to or loss of school property attributed to the minor child under my care.

Signature of Caregiver

Date

OFFICE USE ONLY:

Signature of Principal or designee