

## Caregiver's Authorization Affidavit

**(This form does not apply to birth/step parents. Only complete if you are a legal guardian or caregiver.)**

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.

6. Check one of 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's drivers license of 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: \_\_\_\_\_ Signature: \_\_\_\_\_