

Caregiver's Authorization Affidavit

Keep a copy of this available for the person you designate to care for your child to sign if needed. You do not need to sign it. Only the caregiver is required to sign it.

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code. According to California Law, schools and medical care providers must accept this form if it completed correctly.

Instructions: If the adult you designate to care for your child is not a family member, they should fill out items 1-4 to authorize your child's enrollment in school and school-related medical care. If the adult you designate to care for your child is a family member, they should complete items 1-8 to authorize your child's enrollment in school and any medical care.

The minor named below lives in my (the caregiver's) 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 the minor's grandparent, aunt, uncle, spouse, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, niece, nephew, first cousin, grandaunt, granduncle, great-grandparent, great-grandaunt, great-granduncle, or the spouse of one of these persons.

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: _____.

State

8. My California driver's license or identification card number: _____.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Dated: _____ Signed: _____