

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: _____
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5. I am a grandparent, aunt, uncle, or other qualified relative of the minor.
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's 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: _____