

3333 Wilshire Boulevard, Suite 550 Los Angeles, CA 90010

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Dear Caregiver,

Enclosed is a **Caregiver's Affidavit**. This document allows a Caregiver to enroll a child in school and consent to a child's medical care. A Caregiver's Affidavit does not take away or suspend parental rights. A parent or guardian can overrule any of the Caregiver's decisions, unless the parent or guardian's wishes jeopardize the child's health, life, or safety.

**Page 2** of this packet is the actual affidavit. Pages 3-5 contain information for school officials and health care providers, including Section 6550 of the California Family Code. In order for the Caregiver's Affidavit to be valid, a **Caregiver** must:

- 1) **Fill out lines 1-4, sign and date the affidavit.** This enables a Caregiver to enroll a child in school and consent to any medical care that is required for school enrollment, such as physicals and medical examinations performed on school grounds.
- 2) If the Caregiver is a relative of the child, they should additionally fill out lines 5-8. Lines 5-8 allow relative Caregivers to consent to medical, dental and mental health care.

A Caregiver's Affidavit is a legal document. A Caregiver signs the affidavit under penalty of perjury that he or she is the child's Caregiver and all information is true. If the child stops living with the Caregiver, the Caregiver should inform the school and all other agencies that have been given the Caregiver's Affidavit.

**Keep the original affidavit.** Give copies of your signed affidavit and pages 3-5 of this packet to the child's school and/or day care provider and to the child's health care provider. The affidavit need not be filed in court. **Do not** send the signed affidavit back to The Alliance for Children's Rights. The Affidavit is valid for one year from the date it was completed and signed. If care is required for more than one year, the Caregiver should fill out another affidavit (please contact the Alliance for another blank form).

If you have any questions, please feel free to call the Alliance for Children's Rights.

# **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 authorizes the Caregiver to enroll a child in school and consent to school related medical care. Completion of items 5-8 authorizes a Relative Caregiver to consent to any other medical care. Type or print clearly.

Parents need not sign Affidavit.

true and correct.  Signed at: Dated:  Signature of Caregiver:  Prepared by:		The minor named below lives in my home and I am 18 years of age or older.
3. Minor's Name:	1.	My name:
RELATIVES ONLY ITEMS 5 - 8  5. ( ) I am a grandparent, aunt, uncle, or other "qualified relative of the minor," spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the people listed above, even if that person is deceased.  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:  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.  declare under penalty of perjury under the laws of the State of California and the United States that the foregoing true and correct.  Signed at: Dated:	2.	My home address:
RELATIVES ONLY ITEMS 5 - 8  5. ( ) I am a grandparent, aunt, uncle, or other "qualified relative of the minor," spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the people listed above, even if that person is deceased.  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:  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.  declare under penalty of perjury under the laws of the State of California and the United States that the foregoing true and correct.  Signed at:  Dated:  Signature of Caregiver:  Prepared by:	3.	Minor's Name:
5. ( ) I am a grandparent, aunt, uncle, or other "qualified relative of the minor," spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the people listed above, even if that person is deceased.  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:  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.  declare under penalty of perjury under the laws of the State of California and the United States that the foregoing true and correct.  Signed at:  Dated:  Dated:  Prepared by:	4.	Minor's Date of Birth:
( ) 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:	steppare any pers	) I am a grandparent, aunt, uncle, or other "qualified relative of the minor," spouse, parent, ent, brother, sister, stepbrother, stepsister, half-brother, half-sister, niece, nephew, first cousin, or son denoted by the prefix "grand" or "great," or the spouse of any of the people listed above, even
8. My California's 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.  declare under penalty of perjury under the laws of the State of California and the United States that the foregoing true and correct.  Signed at: Dated:  Signature of Caregiver:	inte	<ul> <li>( ) I have advised the parent(s) or other person(s) having legal custody of the minor of my nt to authorize medical care, and have received no objection.</li> <li>( ) I am unable to contact the parent(s) or other person(s) having legal custody of the minor at</li> </ul>
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.  declare under penalty of perjury under the laws of the State of California and the United States that the foregoing true and correct.  Signed at: Dated:  Signature of Caregiver:	7. N	Лу date of birth:
punishable by a fine, imprisonment, or both.  leclare under penalty of perjury under the laws of the State of California and the United States that the foregoing true and correct.  Signed at: Dated:  Signature of Caregiver:	8. N	My California's driver's license or identification card number:
punishable by a fine, imprisonment, or both.  declare under penalty of perjury under the laws of the State of California and the United States that the foregoing true and correct.  Signed at: Dated:  Signature of Caregiver:		
Signature of Caregiver:  Prepared by:	_	
Signature of Caregiver:  Prepared by:	•	
Prepared by:	Signed at:	Dated:
	Signature of 0	Caregiver:
The Alliance for Children's Rights 3333 Wilshire Blvd., Suite 550, Los Angeles, CA 90010		

#### **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.
- 3. This affidavit is not valid for more than one year after the date on which it is executed.

## **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, nephew, first cousin, or any person denoted by the prefix: "grand" or "great", or the spouse of any persons specified in this definition, even after the marriage has been terminated by death or dissolution,
- 2. 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.
- 3.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.
- 4.If you are going to be caring for the minor on a long-term basis, it is advisable to petition for legal guardianship. The Alliance for Children's Rights assists relative and non-relative caregivers in obtaining guardianship through the probate court. If the minor has an open case in the foster care system you should discuss guardianship as an option with your social worker.

#### To School Officials:

- 1.Section 48204 of the California 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.No 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 subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
- 2. This affidavit does not confer dependency for health care coverage purposes.

For additional information, please contact:
The Alliance for Children's Rights
3333 Wilshire Boulevard, Suite 550
Los Angeles, CA 90010
Telephone: (213) 368-6010 Fax: (213) 368-6016

## Cal Fam Code § 6550

\*\*\* THIS SECTION IS CURRENT THROUGH THE 2000 SUPPLEMENT (1999 SESSION) \*\*\*
INCLUDING URGENCY LEGISLATION THROUGH 2000 REG. SESS. CH. 68, 7/3/00

FAMILY CODE DIVISION 11. Minors PART 1.5. Caregivers

Cal Fam Code § 6550 (2000)

§ 6550. Caregiver's authorization affidavit to provide medical or dental care

(a) A caregiver's authorization affidavit that meets the requirements of this part authorizes a caregiver 18 years of age or older who completes items 1-4 of the affidavit provided in Section 6552 and signs the affidavit to enroll a minor

in school and consent to school-related medical care on behalf of the minor. A caregiver who is a relative and who completes items 1-8 of the affidavit provided in Section 6552 and signs the affidavit shall have the same rights to authorize medical care and dental care for the minor that are given to guardians under Section 2353 of the Probate Code. The medical care authorized by this caregiver who is a relative may include mental health treatment subject to the limitations of Section 2356 of the Probate Code.

- (b) The affidavit shall not be valid for more than one year after the date on which it is executed.
- (c) The decision of a caregiver to consent to or to refuse medical or dental care for a minor shall be superseded by any contravening decision of the parent or other person having legal custody of the minor, provided the decision of the parent or other person having legal custody of the minor does not jeopardize the life, health, or safety of the minor.
- (d) No person who acts in good faith reliance on a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or

to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the affidavit are completed.

This subdivision shall apply even if medical or dental care is provided to a minor in contravention of the wishes of the parent or other person having legal custody of the minor as long as the person providing the medical or dental care

has no actual knowledge of the wishes of the parent or other person having legal custody of the minor.

- (e) A person who relies on the affidavit has no obligation to make any further inquiry or investigation.
- (f) Nothing in this section shall relieve any individual from liability for violations of other provisions of law.
- (g) If the minor stops living with the caregiver, the caregiver shall notify any school, health care provider, or health care service plan that has been given the affidavit.
- (h) A caregiver's authorization affidavit shall be invalid unless it substantially contains, in not less than 10-point boldface type or a reasonable equivalent thereof, the warning statement beginning with the word "warning" specified in Section 6552. The warning statement shall be enclosed in a box with 3-point rule lines.
  - (i) For purposes of this part:
- (1) "Person" includes an individual, corporation, partnership, association, the state, or any city, county, city and county, or other public entity or governmental subdivision or agency, or any other legal entity.

- (2) "Relative" 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.
- (3) "School-related medical care" means medical care that is required by state or local governmental authority as a condition for school enrollment, including immunizations, physical examinations, and medical examinations conducted in schools for pupils.