Consent for the Treatment of Minors:

Caregiver Authorization

**Instructions: Completion of items 1-4 and signing of the affidavit are sufficient to authorize the enrollment of a minor in school and authorize medical assistance at school. Completion of Articles 5-8 is also required to authorize any other medical care.**

The minor named below lives in my home and I am 18 years or older.

1. Name of the minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Date of birth of the minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. My name (authorizing adult) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. My home address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. [ ] I am a grandparent, aunt, uncle, step mother/father or other qualified relative of the minor (see below for definition of "Qualified Relative"). I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the minor.

6. Check one or both (for example, if one parent was informed and the other cannot be

located):

[ ] I have notified the parents or other persons who have legal custody of the minor,

I intend to authorize medical care, and I have received no objection.

[ ] I cannot communicate with the parents or other persons who have legal custody of the minor at this time, to notify them of my intended authorization.

7. My date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. My driver's license number (California) or identification card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTICES**: 1. This declaration does not affect the rights of the parents or legal guardian of the minor regarding the custody and control of the child, and this statement does not mean that the caregiver has legal custody of the child. 2. A person who trusts this affidavit has no obligation to make any other research or investigation. 3. This affidavit is not valid for more than one year after the date it was executed.

**Additional Information**: **TO CAREGIVERS:** 1. "Qualified relative", for the purposes of article 5, means a spouse, parent, stepmother, stepfather, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin or anyone denoted grandparent or great-grandparent, or the spouse of any of the persons specified in this definition, even after that the marriage has ended by death or dissolution. 2. The law may require you, if you are not a currently licensed relative or foster parent, obtain a foster home license to care for a minor. 3. If the minor stops living with you, you must notify any school, care provider or health care service plan to which you have provided this affidavit. 4. If you do not have the information requested in section 8 (California driver's license or ID), please provide another form of identification, such as your social security number or Medi-Cal number.

**TO SCHOOL OFFICERS:** 1. Section 48204 of the Education Code states that this affidavit constitutes a sufficient basis for determining the child's residence, without the requirement of a guardianship order or other custody order, unless the school district determines from actual facts that the child does not live with the caregiver. 2. The school district may require additional reasonable evidence that the caregiver lives in the

address provided in article 4.

**TO HEALTH PROVIDERS AND HEALTH SERVICES PLANS:** 1. No person acting in good faith relying on a caregiver's affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated in the affidavit. , is subject to criminal liability before any person, or is subject to professional disciplinary action, for such trust if the applicable parts of the form are completed. 2. This affidavit does not confer dependency for health coverage purposes.

This information is intended to provide guidelines for addressing difficult legal dilemmas. It is not intended to address all situations that may arise, nor is it intended to be a substitute for independent legal advice or consultation. When using such information as a guide, please note that laws, regulations, and technical standards change over time, and therefore you should verify and update any references or information contained in this document.