



Northern Humboldt Union High School District

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District Superintendent

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CAREGIVER 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 Section I of affidavit is sufficient to authorize enrollment of a minor in school and authorize school related medical care. Completion of Section II is additionally required to authorize any other medical care.

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

Section I

Minor Information:

Child's Full Legal Name: _____

Date of Birth: _____

Caregiver Information:

Caregiver Full Legal Name: _____

Caregiver Home Physical Address: _____

Caregiver Mailing Address: _____

Date of Birth: _____

California Driver's License or Identification Card Number: _____

Section II

I am a grandparent, aunt, uncle, or other qualified relative of the minor.

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 object.

I am unable to locate the parent(s) or other person(s) having legal custody of the minor to notify them of my intended authorization.

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS 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.

Signature: _____ Date: _____

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.

Additional Information:

TO CAREGIVERS:

A relative may enroll a child in school if the child lives with them using a caregiver affidavit. A caregiver affidavit is legally sufficient to establish residency and is sufficient for enrollment. A relative or friend is not required to obtain guardianship of the child. **However, the caregiver affidavit does not authorize the relative or friend to make educational decisions concerning the child or to review student records. These rights are retained by the parent or guardian. Therefore, the parent or guardian should execute Transfer of Legal Duties and Responsibilities (page 3) authorizing the caregiver to make educational decisions for the child and to review student records.**

1. "Qualified relative," for purposes of item 5, 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.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. 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. The affidavit is invalid after the school, health care provider, or health care service plan receives notice that the minor no longer lives with you.
4. 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.

TO SCHOOL OFFICIALS:

1. Section 48204 of the 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 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. A 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 not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary action, for that reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

**CAREGIVER AUTHORIZATION AFFIDAVIT
TRANSFER OF LEGAL DUTIES AND RESPONSIBILITIES**

It is necessary that my child _____ whose home school is _____
CHILD'S NAME BIRTHDATE GRADE
_____ and reside with _____
SCHOOL CITY STATE CAREGIVER NAME
who lives at _____ in the _____ school
ADDRESS SCHOOL OF ATTENDANCE
area.

I hereby affirm that I have delegated to _____ the responsibility for the care and supervision of my child while in attendance at _____ School and to act in my behalf in all matters concerning my child and the school. This includes the right to review and secure copies of my child's educational records, but not to release such records to a third party unless the above named adult is the holder of a valid foster home license or is a court designated guardian, in which case he/she may authorize such release without my consent.

I understand and agree that if, determined to the satisfaction of the school officials my child does not live at the address as stated above seven days and nights per week, excepting major vacation periods, he/she will be transferred to the school in whose attendance area I live. I understand and agree that if it is determined that this information is false, I am in violation of state law and will be held liable for all legal, investigation, and/or educational costs that may be incurred as a result of any false information. In that event, my child may not be granted any type of permit to attend another school for the remainder of the current semester and the entire next semester. I also agree to inform the school administration without delay if my child moves to another address.

I hereby declare under penalty of perjury that all the above is true and correct, that I could and would so testify under oath if called on to do so before any tribunal or officer empowered by the laws of this state to administer oaths, and that I agree to abide by the conditions set forth above.

THE FOLLOWING STATEMENT MUST BE NOTARIZED

I have read, understand, and agree to comply with the statements and conditions of the above Transfer of Legal Duties and Responsibilities.

Executed this _____ day of _____, 20____, at _____, California

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

FATHER

ADDRESS

PHONE NUMBER

MOTHER

ADDRESS

PHONE NUMBER

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____, 20____, _____ NOTARY PUBLIC

I accept responsibility for _____, and hereby declare that said child will reside with me beginning _____. I have read and understand the foregoing Transfer of Legal Duties and Responsibilities and do hereby fully accept and assume the above listed powers, duties, and obligations.

Executed this _____ day of _____, 20____, at _____, California

I swear (or certify) under penalty of perjury that the foregoing is true and correct.

Person or Persons Accepting Responsibility for Minor

Relationship – If Any

ADDRESS

PHONE NUMBER