

Family Code 6552

The caregiver's authorization affidavit shall be in substantially the following form:

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: _____
5. I am grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative").
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 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.

Signed: _____

Autorización de Affidavit de la Persona Encargada del Cuidado.

El uso de este affidavit está autorizado por la Parte 1.5 (comenzando con la Sección 6550) de la División 11 del Código de Familia de California y el Código de Educación Sección 48204.

INSTRUCCIONES: Completar los artículos 1 al 6 y la firma del affidavit es suficiente para autorizar la inscripción de un menor en la escuela y autorizar el cuidado médico relacionado con la escuela. Completar los artículos 7 al 11 es un requisito adicional para cualquier otro cuidado médico. Escriba con letra de molde clara.

1. Nombre del menor: _____

2. Fecha de nacimiento del menor: _____

Mi nombre (adulto al cuidado del menor): _____

3. Mi domicilio: _____

5. El menor indicado arriba reside en mi hogar, sale para la escuela de mi hogar y regresa a mi hogar después de la escuela cada día.

6. Tengo 18 años de edad o mayor.

7. Yo si soy Yo no soy un familiar del menor calificado (ver página 2 de esta forma para la definición de "familiar calificado"). Indique la relación específica: _____

8. Marque una o ambas (por ejemplo, si uno de los padres fue notificado y el otro no puede ser localizado)

Yo he notificado al padre(s) o a otra persona(s) que tiene(n) la custodia legal del menor de mi intención de autorizar el cuidado médico y no he recibido objeción alguna.

No fue posible comunicarme con el padre(s) u otra persona(s) que tiene la custodia legal del menor en este momento, para notificarles de mi intento de autorización.

9. Mi fecha de nacimiento: _____

10. Mi número de licencia de conducir o identificación de California: _____

Aviso: No firme esta forma si cualquiera de la información anterior es incorrecta o si va a cometer un crimen que tenga como consecuencia una multa, encarcelamiento o ambos.

Declaro bajo la pena de perjurio de las leyes del Estado de California que la información indicada es verdadera y correcta.

Fechado _____ Firmado _____

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:

1. "Qualified relative," for purposes of item 4, 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 person 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 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 determination of residency of the minor, without the requirement of a guardianship or there 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 on 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 actions, for that reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

