



Temecula Valley Unified School District Caregiver Authorization Affidavit

C# _____

Date _____

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 this affidavit is sufficient to authorize enrollment of a minor in the school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any medical care. Please print clearly and legibly.

THE MINOR NAMED BELOW LIVES IN MY HOME AND I AM 18 YEARS OLD OR OLDER

1. Name of Minor: _____ Grade _____ School Assigned _____
2. Minor's Date of Birth _____

3. My Name: _____ Phone _____

4. My Home Address: _____

5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see back of this form for a definition of "qualified relative). YES NO

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 Drivers License or California ID Number: _____

9. Name and contact information for the nearest relative not living with the Minor:

Name/Relationship	Address	Telephone
_____	_____	_____
_____	_____	_____

WARNING: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENTS ABOVE ARE INCORRECT, OR YOU WILL BE COMMITTING A CRIME PUNISHABLE BY FINE, IMPRISONMENT, OR BOTH

Initials/date

I HAVE READ AND UNDERSTAND THE INFORMATION ON THE REVERSE SIDE OF THIS DOCUMENT: _____
Initials/Date

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct :

Signature _____ Date _____

District Office Administrator: _____
Signature _____ Date _____

Comments _____

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 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, certified, or approved foster parent, to obtain resource family approval pursuant to Section 1517 of the Health and Safety Code or Section 16519.5 of the Welfare and Institutions Code 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 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. 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.