Enterprise Elementary School District

1155 Mistletoe Lane, Redding, CA 96002 Phone (530) 224-4100 • Fax (530)224-4101

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.

To Caregiver: "Qualified relative," for purposes of item 5 below, means a spouse, parent, stepparent, brother, sister, step-brother, step-sister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in the definition, even after the marriage has been terminated by death or dissolution. The law may require you, if you are not a relative or currently licensed foster parents, to obtain a foster home license in order to care for a minor. If you have any questions, contact your local department of social services. 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. If you do not have the information requested in item 8 below, provide another form of identification such as your social security number of Medi-Cal number.

To School Officials: Education Code §48204 states 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 other facts that the minor is not living with the caregiver. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4 below.

To Health Care Providers and Health Care Service Plans: No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of the 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. (Family Code § 6550[d]). This affidavit does not confer dependency for health care coverage purposes.

Instructions: Complete and sign this affidavit to authorize enrollment of a minor in school and to authorize school-related medical care. Completion of items 5 through 8 is additionally required to authorize any other medical care.

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 a grandparent, aunt	t, uncle, or other qualified relative of the mind	or (see information above for the definition of "qualified relative.")
6. Check one or both (for exam	ple, if one parent was advised and the other	cannot be located):
I have advised the paren no objection.	t(s) or other person(s) having legal custody	of the minor of my intent to authorize medical care and have receive
I am unable to contact th authorization.	ne parent(s) or other person(s) having legal	custody of the minor at this time to notify them of my intended
7. My date of birth:	8. My California driver's lice	ense or identification card number:
Warning: Do not sign this form i or both.	f any of the statements above are incorrect,	or you will be committing a crime punishable by a fine, imprisonment,
I declare under penalty of perju	ry under the laws of the State of California th	at the foregoing is true and correct.
Dated:	Signed:	

NOTICE: 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 the 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.