

Regarding CAREGIVER/GUARDIAN AUTHORIZATION AFFIDAVITS

Please read and review thoroughly.

- This affidavit 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.
- This affidavit constitutes a sufficient basis for 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. (*CA Education Code, Section 48204*)
- The school district may require additional reasonable evidence that the caregiver lives at the Emeryville address provided.
- This affidavit is not valid for more than one year after the date on which it is executed and must be renewed yearly prior to the start of each academic school year.
- Any person who agrees to be a student's caregiver must be 18 years of age or older.
- By signing on as a caregiver, understand that *ALL* school communications, report cards and the like will be sent *ONLY* to the address at which the student and caregiver reside.
- If the minor moves out of the caregiver's home, the caregiver is required to notify any school, health care provider, or health care service plan to which this document has been given.
- The law may require that caregivers, who are not a relative of the student or a currently licensed foster parent, obtain a foster home license in order to care for a minor. Please contact the Alameda County Department of Social Services for more information.
- A "qualified relative" (for the purposes of Item #7 on reverse) 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.
- The designated caregiver must provide photo identification in the form of a valid California driver's license or ID, a passport, or immigration card.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- No 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 subject to criminal liability or to civil liability by any person, nor is subject to professional discipline action for such reliance if the applicable portions of the form are complete.
- This affidavit does not confer dependency for health care coverage purposes.
- Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

CAREGIVER / GUARDIAN AUTHORIZATION AFFIDAVIT

Instructions: Please print clearly. Completion of Items #1 through #8 and the signing of this affidavit are sufficient to authorize enrollment of the minor in school and school-related medical care. Additionally, completion of Items #1 through #8 is required to authorize any other medical care.

I declare under penalty of perjury that the minor listed in Item # 1 resides at my address and that the address is his/her permanent home.

(1) Name of minor student: _____ (2) Birth date: _____

I declare under penalty of perjury that I am a resident of the City of Emeryville. I reside at the address listed in Item #6 and it is my permanent domicile.

(3) Caregiver's Name: _____ (4) Birth date: _____

(5) CA Driver's License/ID Number: _____

(6) Caregiver's Address: _____

(7) I am the grandparent, aunt, uncle, or other qualified relative of the minor. Yes No

(8) Check one or both of the spaces below regarding the parents/legal guardians.

- I have advised the parent(s)/legal guardian(s) of the minor of my intent to authorize medical care, and have received no objection.
- I am unable to contact the parent(s)/legal guardian(s) having legal custody of the minor at this time, to notify them of my intended authorization.

WARNING: Do not sign this form if any of the statements above are incorrect as you will be committing perjury - a crime punishable by a fine, imprisonment, or both.

WARNING: Emery Unified School District has the right to investigate any information provided on this caregiver/guardian affidavit. If any information provided on this affidavit is found to be untrue, the enrollment of the student in the Emery Unified School District will cease immediately.

Signature of Caregiver: _____ Date: _____

**** This form must be officially notarized and must bear a notary seal. ****