

CAREGIVER'S AUTHORIZATION AFFIDAVIT

(Use this form if caregiver is not the legal guardian)

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. Adult Giving Authorization: _____

4. Adult's 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").

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 state driver's license or ID 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.

I declare under penalty of perjury under the laws of the State of California that the foregoing is
true and correct.

Dated: _____ Signed: _____

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. 3. This
affidavit is not valid for more than one year after the date on which it is executed.

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) 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.
- 3) 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.