



**LODI UNIFIED SCHOOL DISTRICT  
CAREGIVER'S 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 this affidavit is sufficient to authorize enrollment of a minor in school and authorized school related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Please print clearly!!!!!!

The minor named below currently lives in my home and I am 18 years of age or older.

1. Name of minor: \_\_\_\_\_
2. Minor's date of birth: \_\_\_\_\_
3. Name of Caregiver: \_\_\_\_\_
4. Caregiver's address: \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_  
Caregiver's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (refer to the back side of this form for a definition of a "qualified relative").
6. Check one or both if applicable:  
☐ I have advised the parent(s) or other person(s) having legal custody of this minor of my intent to authorize school enrollment and medical care and have received no objection.  
☐ I am unable to contact the parent(s) or other person(s) having legal custody of this minor to notify them of my intended authorization. Reasons: \_\_\_\_\_  
\_\_\_\_\_
7. My date of birth is: \_\_\_\_\_
8. My California driver's license or identification card number is: \_\_\_\_\_

**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 OR IMPRISONMENT, OR BOTH.**

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

**Caregiver's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**NOTARY PUBLIC JURAT**

*(Photo Identification, Signature Witnessing & Notary Seal Required)*

This affidavit was subscribed and sworn to me on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

(Seal)

## **NOTICES**

1. This declaration does not affect the rights of this minor's parents or legal guardian regarding the care, custody, and control of this 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.
3. This affidavit is not valid for more than one year after the date on which it is executed.

## **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 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.
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. 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 dated 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.
2. This affidavit does not confer dependency for health care coverage purposes.