

**SAN MATEO UNION HIGH SCHOOL DISTRICT
CAREGIVER'S AUTHORIZATION INTAKE AFFIDAVIT**



Re-Certify Annually
Please See Reverse for Instructions

The minor named below lives in my home seven days a week year-round and I am eighteen years of age or older.
Please print clearly

1. Name of minor: _____
2. Minor's Birth Date: _____
3. Expelled: _____ Suspended: _____ ELD: _____ Special Ed: _____
4. My Name (Adult giving authorization): _____
5. Relationship: I am a (grandparent, aunt, uncle, other qualified relative of the minor, or other) _____
(see back of this form for a definition of "qualified relative")
6. My Home Address: _____

City State Zip
Home Phone: _____ Work: _____ Cell: _____
7. How long has student been living with caregiver? _____
8. Reason student is living with caregiver? _____

Check one or both (for example, if one parent was advised and the other cannot be located):

9. I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical and have received no objection.
10. I am unable to contact the parent(s) or the other person(s) having legal custody of the minor at this time to notify them of my intended authorization.

11. My Date of Birth: _____
12. My California Driver's License or Identification Card Number _____
13. Parent's Name _____
14. Parent's Address _____ City: _____ State: _____ Zip: _____
15. Parent's Home Phone _____ Work: _____ Cell: _____
- Caregiver Signature _____ Date _____

State of California }
County Of _____ }

On _____ before me, _____,
Date Here Insert Name and Title of the Officer

Personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____
Signature of Notary Public

Place Notary Seal Above

INSTRUCTIONS

NOTICES:

1. This declaration does not affect the right 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.

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 marriages have 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 minor stops living with you, you are required to notify any school, health care provider, or other health care service plan to which you have given an 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 for 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 THE 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 stated on the affidavit, is subject to criminal liability or to civil liability to any person, or subject to professional disciplinary action, for such reliance if the application portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.