

CAREGIVER AUTHORIZATION INFORMATION

TO CAREGIVERS:

Instructions: The following (3) areas must be completed in order to register a student. **1)** Completion of items 1-6 on the following page, and the signing of that affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. **2)** Completion of items 7 & 8 on the following page are additionally required to authorize any other medical care. **3) Parental Transfer of Educational Rights must be completed by the parent along with this form.** (See attachment). **Please print clearly.**

1. “Qualified relative”, for purposes listed under item #3, 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 which you have given this affidavit.
4. If you do not have the information requested in item #2 (California driver’s license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.

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.

A person who relies on this affidavit has no obligation to make any further inquiry or investigation.

This affidavit is valid for one year after the date on which it is executed.

TO SCHOOL OFFICIALS:

Section 48204 of the Education Code provides that 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.

The school district may require additional reasonable evidence that the Caregiver lives at the address provided in **(item 4 on the 2nd page)**.

TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

No person who acts in good faith reliance upon a Caregivers 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 is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.

This affidavit does not confer dependency for health care coverage purposes.

CAREGIVERS AUTHORIZATION AFFIDAVIT

ADELANTO ELEMENTARY SCHOOL DISTRICT

Phone: (760) 246-0235 Fax: (760) 246-0022

SCHOOL YR: 20 _____ **- 20** _____

This form should be used to establish residency for a student with a Caregiver.

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of California Family Code.

1. Name of Minor: _____
2. Minor's birthdate: _____ / Grade: _____

CAREGIVER SECTION:

3. My Name (Caregiver): _____
The minor named above (in #1), lives in my home and I am 18 years or older
4. My home address: _____ ZIP Code: _____
5. My date of birth: _____ PH: # _____
6. My California Driver's License or identification card number: _____
7. I am, (Check one that applies):
 Grandparent Aunt Uncle **OR** Other qualified relative: _____
8. Check all that applies: (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 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.

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 or perjury under the laws of the State of California that the foregoing is true and correct.

Caregiver Signature: _____ Date: _____

This form is only valid for one school year

ADELANTO ELEMENTARY SCHOOL DISTRICT

FOR SCHOOL YR 20 _____ - 20 _____

Parental Transfer of Educational Rights

Parent's Information:

1. Parent's Name: _____, am the: (select one)
 Parent (both parents have legal custody) / Parent having legal custody / Court-Appointed,
2. Pupil Name: _____
(Who is under the age of eighteen (18) years)
3. Parent's address is: _____

Caregiver's Information :

I have established the residence for this student in the home of:

1. Caregiver's Name: _____
(Who is over the age of eighteen (18) years or older)
2. Caregiver Resides at: _____
3. Caregiver's Telephone: _____

Caregiver is is not a relative of Pupil as defined in Family Code section 6550(i)(2).

(Family Code 6550(i)(2) defines a relative to be a: spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, 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)

I request that the Adelanto Elementary School District treat Pupil as having complied with the residency requirements for school attendance pursuant to Education Code section 48204(d).

I authorize Caregiver to act in my place and on my behalf for the following school or school related purposes, including but not limited to:

- Medical care, dental care or both pursuant to Family code section 6910.
- Pupil discipline, including but not limited to suspension and expulsion
- Pupil records and other pupil information, including but not limited to records and other pupil information which is private under state and federal law.
- Field trips and excursions
- Enrollment or participation in any existing or future school or District course, program or activity whatsoever, Curriculum related or non-curriculum related, including but not limited to athletics and physical education.

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 California that the foregoing is true and correct and of my own personal knowledge and that if called upon to testify, I would be competent to testify thereto.

Parent's Signature

Date

This Affidavit must be renewed annually.