



GLENDALE UNIFIED SCHOOL DISTRICT

223 North Jackson St., Glendale, California 91206-4380

Telephone: 818-241-3111, Ext. 1283 • Fax: 818-547-0213

OFFICE OF

STUDENT SUPPORT SERVICES

CAREGIVER'S AUTHORIZATION AFFIDAVIT

2019-2020

Form B

**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 the affidavit are necessary to authorize enrollment of a student in school and authorize school-related medical care. Completion of Items 5-8 is additionally required to authorize any other medical care.

Please Print Clearly:

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

1. Name of student _____

2. Student's date of birth _____

3. Caregiver's name _____

4. Home address _____

5. () I am a grandparent, aunt, uncle, or other qualified relative of the student (see below for a definition of "qualified relative").

If you are not a "qualified relative," you will be required to provide proof of foster licensing within three (3) months of signing this document.

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 student 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 student at this time, to notify them of my intended authorization.

7. Caregiver's date of birth _____

8. Caregiver's California Driver's License or Picture Identification 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 and the laws of the State of California, that the foregoing is true and correct:

Signed _____ Date _____

- This declaration does not affect the rights of the student's parents or legal guardian regarding the care, custody, and control of the student and does not mean that the caregiver has legal custody of the student.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- This affidavit need *not* be renewed annually.
- "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.
- If you are not a relative or a currently licensed foster parent, the law requires you to obtain a foster home license in order to care for a minor. If you have any questions, please contact the Department of Children and Family Services at 1 (888) 811-1121.
- If the minor stops living with you, you must notify the school, the office of Student Support Services, the parents, local authorities (if necessary), and the health care provider/health care service plan that was given this affidavit.
- If you do not have a California driver's license or other picture identification, please provide another form of I.D., such as: social security or Medi-Cal number.