



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
PUBLIC HEALTH DEPARTMENT

Michael Hill Health Agency Director

Penny Borenstein, MD, MPH Health Officer/Public Health Director

Caregiver’s Authorization Affidavit

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

Instructions: Completion of items 1-8 and the signing of the affidavit is sufficient to authorize medical care for the minor. Print clearly.

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. My name (adult giving authorization) \_\_\_\_\_.
- 4. My home address: \_\_\_\_\_.
- 5. [ ] I am a grandparent, aunt, uncle, or other qualified relative on 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 California driver’s license or 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 under the laws of the State of California that the foregoing is true and correct.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_



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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.

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, 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. The affidavit is invalid after the school, health care provider, or health care service plan receives notice that the minor no longer lives with you.
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 HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:**

1. A 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 not subject to criminal liability or to civil liability to any person, and is not subject to professional disciplinary action, for that reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

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**Public Health Department**

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[www.slopublichealth.org](http://www.slopublichealth.org)