

**San Luis Obispo County Behavioral Health Department
CAREGIVER'S AUTHORIZATION AFFIDAVIT**

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

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care.

Completion of items 5-8 additionally required to authorize any other medical care.

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

1. Minor's Name:
2. Minor's DOB:
3. Caregiver's Name:
4. Caregiver's Address and City/State/Zip:
5. Caregiver's DOB:
6. Caregiver's CA Driver's License or other Identification Card or government-issued consular card number:
7. I am a relative of the child (see page 2 for a definition of relative):
8. Specify relationship:
9. 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 currently, to notify them of any intended authorization.

Warning to Caregiver: 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.

Warning to Local Educational Agencies and HealthCare Service Providers: A seal or signature from a court is not required. This form is not required to be notarized.

Notices:

1. **The 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.**

Name:

MR#

Additional Information

To Caregivers:

- 1) "Relative" for purposes of item 7 is an adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relative whose status is preceded by the words "great," "great-great," or "grand," or the spouse of any of these person even if the marriage was 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 resource family approval pursuant to section 1517 of the Health and Safety Code or Section 16519.5 of the Welfare and Intuitions Code in order to care for a minor. If you have any questions, please contact your local department of social services. 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, the affidavit is no longer valid. You are required to notify any school, health care provider, or health care service plan to which you have given this affidavit that the minor is no longer living with you and that, as a result, the affidavit is no longer valid.
- 4) If you do not have a California driver's license or I.D., or government-issued consular card, provide another form of identification such as your social security number or Medi-Cal number.

To Healthcare Providers and Health Care Service Plans

- 1. When signed by a relative, this affidavit shall confer the same rights to authorize medical care and dental care for the minor that are given to guardians under Section 2353 of the Probate Code. The medical care authorized by a relative caregiver may include mental health treatment subject to the limitation of Section 2356 of the Probate Code.**
- 2. A health care service provider who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical and dental care without actual knowledge of facts contrary to those stated on the affidavit, is not subject to criminal liability or civil liability to any person, and is not subject to professional disciplinary action, for the reliance if the applicable portions of the form are completed. A seal or signature of the court is not required. This form is not required to be notarized.**
- 3. This affidavit does not confer dependency for health care coverage purposes.**

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

Date:

Signature:

Name:

MR#