

CAREGIVER AUTHORIZATION AFFIDAVIT

Completion of this form and the signing of the affidavit are sufficient to authorize enrollment of a minor in school and to authorize school-related medical care. Completion of Parental Transfer of Educational Rights on the following page(s) is required to authorize any other medical care. Parental Transfer of Educational Rights must be completed by the parent along with this form.

TO CAREGIVERS:

1. A "qualified relative" (caregiver) must be a spouse, parent, step-parent, brother, sister, step-brother, step-sister, 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 moves out of your residence, you are IMMEDIATELY **required** to notify any school, health care provider, or health care service plan to which you have given this affidavit.
Caregiver Initials _____
4. If you do not have a California driver's license or I.D., you may provide another form of identification such as your social security number or Medi-Cal number, accompanied by a copy of current SMUD or PG&E bill, or current loan or lease Documents.

Caregivers - The following are **required** to register a student:

- ☐ Copy of Caregiver's Driver's License.
- ☐ If the address on the caregivers license is not current, please provide a copy of current SMUD, PG&E bill, or utility bill, or current loan or lease documents, verifying your address is within the Natomas Unified School District boundaries.
- ☐ Caregiver Authorization Affidavit both sides completed and signed

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

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.

THE HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:

1. No person who acts in good faith reliance upon a Caregiver 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.
2. This affidavit does not confer dependency for health care coverage purposes.

NATOMAS UNIFIED SCHOOL DISTRICT
CAREGIVER AUTHORIZATION AFFIDAVIT

This form is Valid for **one** school year.

School Year 20____ - 20____

☐

Renewal

☐

New

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.

Student Information

Name of Student _____ DOB _____ Grade _____

Caregiver Information

I verify that the student named above lives in my home and that I am 18 years of age or older.

Caregiver Name _____ DOB _____

Caregiver Address _____

Caregiver Phone Number _____ Caregiver Email Address _____

Caregiver California DL number or identification card number _____

(Please provide a copy of the California DL or Identification card)

Check **one** that applies:

☐

Grandparent

☐

Aunt

☐

Uncle

☐

Other qualified relative: _____

Check **all** that apply:

☐

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 **NOT** able 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.

State the reason why the student is living with Caregiver _____

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.

Executed on the date below in the County of _____ California.

Caregiver Signature _____

Date _____

For Official Use Only:

School of Residence: _____	District Signature: _____	Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Sent to School Site <input type="checkbox"/>	Date _____	E-File <input type="checkbox"/>	Date _____

NATOMAS UNIFIED SCHOOL DISTRICT

This form is Valid for **one** school year.

School Year 20__ - 20__

☐

Renewal

☐

New

Parent Information

Parent Name _____ DOB _____

Parent Address _____

Parent Phone Number _____ Parent Email Address _____

Check **one** that applies:

- ☐ Parent (both parents have legal custody)
- ☐ Single parent, having legal custody
- ☐ Court-appointed guardian

Student Information

Name of Student _____ DOB _____ Grade _____

Caregiver Information

Caregiver Name _____ DOB _____

Caregiver Address: _____

Caregiver Phone Number _____ Caregiver Email Address _____

- ☐ Caregiver is a relative of the student as defined in Family Code section 6550(i)(2)
- ☐ Caregiver is NOT a relative of the student as defined in Family Code section 6550(i)(2)

Family Code 6550(i)(2) defines a qualified relative to be a: spouse, parent, step-parent, brother, sister, step-brother, step-sister, 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.

I request that the Natomas Unified School District treat this Student as having complied with the residency requirements for school attendance pursuant to Education Code section 48204(d).

REQUIRED: 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.
- ☐ Student discipline, including but not limited to, suspension and expulsion
- ☐ Student records and other student information, including but not limited to, records and other student 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.

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 Signature _____ Date _____