

STUDENTS

Admissions Residency and School Attendance

**DISTRICT RESIDENCY/STUDENT RESIDENCE AND ENROLLMENT**

CAREGIVER'S AUTHORIZATION AFFIDAVIT

The Caregiver's Authorization Affidavit is set forth on the following pages.

Adopted: 09/2001

Reviewed: 10/03/2008

Amended: 10/12/2005, 12/12/2007, 08/23/2017, 04/15/2024

Doc# 47067-3 (04/2024, None)



**EXHIBIT NO. 5111.1(2)**  
**CAREGIVER'S AUTHORIZATION AFFIDAVIT**  
(Family Code §§ 6550, 6552)

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 is sufficient to authorize enrollment of a minor in school, clear attendance, and authorize school related medical care. Completion of items 5 – 8 is additionally required to authorize any other medical care. Print clearly.

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

**COMPLETION OF ITEMS 1 – 4 IS REQUIRED TO AUTHORIZE ENROLLMENT OF A MINOR IN SCHOOL, CLEAR ATTENDANCE, AND AUTHORIZE SCHOOL RELATED MEDICAL CARE**

- 1. Name of minor: \_\_\_\_\_
- 2. Minor's birth date: \_\_\_\_\_
- 3. My name (adult giving authorization): \_\_\_\_\_
- 4. My home address and contact information:  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**COMPLETION OF ITEMS 5 – 8 IS REQUIRED TO AUTHORIZE OTHER MEDICAL CARE**

- 5. I am (*check one of the following*):  Grandparent  Aunt  Uncle  
 Other qualified relative of the minor (specify): \_\_\_\_\_  
 (See page 2 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 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 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: \_\_\_\_\_

**(This completed Caregiver's Authorization Affidavit must be accompanied by a certificate of acknowledgement in the form set forth in California Civil Code section 1189 and signed by a notary public.)**

(prior to making a copy)

Place Photo ID Here

(prior to making a copy)

## 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 a caregiver has legal custody of the minor.
2. A person who relies on this affidavit has no obligation to make further inquiry or investigation.

## ADDITIONAL INFORMATION

### TO CAREGIVERS

1. "Qualified relative," for purpose 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 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, certified, or approved foster parent, to obtain a resource family approval pursuant to Section 1517 of the Health and Safety Code or 16519.5 of the Welfare and Institutions Code in order to care for the 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 SCHOOL OFFICIALS

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a 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.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

### TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS

1. No 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 subject to criminal liability or to civil liability to any person, and 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.