



ORCUTT UNION SCHOOL DISTRICT

CAREGIVER'S AUTHORIZATION AFFIDAVIT

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

Instructions:

Completion of items 1-5 and the signing of the affidavit authorizes enrollment of a minor in school and authorizes school-related medical care. Print clearly. Form must be completed in ink.

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

1. Name of minor(s): _____ Birth date(s): _____
2. Caregiver's name: _____ Phone: _____
3. Caregiver's home address: _____
4. Caregiver's California driver's license or identification care number: _____
5. School: _____ Grade(s): _____

Date: _____ Signature of Caregiver: _____

NOTE: This does not guarantee placement at your resident school if space is unavailable.

Parent(s) or Legal Guardian
<p>I _____, declare that I am the parent/legal guardian of _____.</p> <p>I hereby give my authorization and permission for _____ to be the caregiver for my son/daughter during the school year _____. The caregiver will provide care for my son/daughter and is authorized to give consent for medical care.</p> <p>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</p> <p>_____</p> <p>Parent / Legal Guardian's Signature</p>

<p>WARNING:</p> <p>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.</p>

For Notary Public
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p>A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.</p> </div> <p>State of California, County of _____.</p> <p>Subscribed and sworn to (affirmed) before me on this _____ day of _____, 20____ proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.</p> <p>_____</p> <p>Signature of Notary Public (Notary Seal)</p>

Note to Caregivers:

- 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.
- 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 your social security number or Medical number.
- This declaration does not affect the rights of the minor's parents or legal guardians regarding care, custody, and control of the minor and does not mean that the caregiver has legal custody of the minor.
- This affidavit is not valid for more than one year after the date on which it is executed.
- The information supplied in this document is subject to verification at anytime.