

Roseville Joint Union High School District Caregiver Authorization Affidavit

- ***This form is required when minor is not living with a parent, court appointed guardian, or a relative***
- ***Completion of requested information and signing this affidavit by the caregiver are sufficient to authorize enrollment of a minor in school and school related medical care.***

Student Name (print clearly)	Student's Date of Birth	Student 's Social Security #:
(Last) _____ (First) _____		
Caregiver's Name (Print clearly)		Caregiver's Phone (Day)
(Last) _____ (First) _____		() ()
Caregiver's Address (Print clearly)		Caregiver's Phone (Eve)
		() ()
Caregiver's Driver's License or ID Card Number (Attach photocopy)		Caregiver's Phone (Other)
		() ()
Parent/Guardian's Name (Print clearly)		Phone (Day)
(Last) _____ (First) _____		() ()
Parent/Guardian's Address (Print clearly)		Phone (Eve)
		() ()
Parent/Guardian's Driver's License or ID Card Number (Attach photocopy)		Phone (Other)
		() ()

Parent/Legal Guardian and Caregiver Authorizations

This is to certify that I give the care and custody of this child to above listed caregiver. It is understood and agreed that the school will, from this day forth, communicate directly with the caregiver, and not with a parent. I hereby delegate to the caregiver, and the caregiver accepts, the following duties and responsibilities:

- **In case of accident, disaster or medical emergencies, the caregiver will make all decisions for my child;**
- **Will receive and sign all school related reports (i.e. grades, progress, attendance, graduation, emergency card, etc.);**
- **Will accept responsibility to pay for all expenses incurred by this student as part of school or extra-curricular activities;**
- **Will assume all responsibility in respect to discipline, behavior, graduation progress of this student;**
- **Will accept responsibility to ensure prompt daily school attendance;**
- **Will assume liability for all misdemeanor prosecutions under Section 48290 et. seq. of the California Education Code;**
- **Will pay for any damages caused by this student pursuant to Section 48909 of the California Education Code;**
- **Will notify the school immediately if the student is no longer living with this caregiver;**
- **Any home visitation will be made at the home of the caregiver.**

The reason it is necessary for this living arrangement is: _____

I understand that any falsification of information provided on this document will be grounds for immediate cancellation of enrollment. I agree and authorize the change of responsibilities and living arrangement as listed above. I declare under penalty of perjury under the laws of California that all foregoing information is true and correct.

Signature of Parent/Legal Guardian: _____ Date _____

I have read this form thoroughly. I understand and accept all the above listed responsibilities as the designated caregiver for this student. I swear, under the penalty of perjury, under the laws of California, that the information in this document is correct.

Signature of Caregiver: _____ Date _____

Qualified Relative: Caregiver Authorization Affidavit

Completion of requested information and signing this affidavit are sufficient to authorize enrollment of a minor in school and school related medical care.

Student Name (print clearly) (Last) _____ (First) _____	Student's Date of Birth _____	Student's Social Security #: _____
Caregiver's Name (Print clearly) (Last) _____ (First) _____	Caregiver's Phone (Day) () _____	
Caregiver's Address (Print clearly) _____ Apartment # _____	Caregiver's Phone (Eve) () _____	
City _____ Zip _____	Caregiver's Phone (Other) () _____	
Caregiver's Driver's License or ID Card Number (Attach photocopy)	Caregiver's Date of Birth _____	

Qualified Relative's Authorization for Other Medical Care

I verify that this minor student lives in my home and I am a qualified relative of legal adult age.

1. I am considered a qualified relative since I am the: *(Circle the one which identifies you)*

- Grandfather or Grandmother
- Aunt or Uncle
- Sister or Brother
- Step-Mother or Step-Father
- Step-Sister or Step-Brother
- Cousin
- Spouse of any person specified above _____
- Other (please describe) _____

2. The following is/are the name(s)/location(s) of the student's parent(s)/guardian(s) having legal custody:

a. Father/legal guardian _____
(Print name) _____ (Phone) _____
(Address/city/state/country or unknown) _____

b. Mother/legal guardian _____
(Print name) _____ (Phone) _____
(Address/city/state/country or unknown) _____

3. Check one or more: *(For example, if one parent was advised and the other could not be located)*

_____ I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization of medical care.

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

Signature of Qualified Relative: _____

Staff Only

Received by School Official:

Date: