

# Relative Caregiver Affidavit

Before me, the undersigned authority, personally appeared \_\_\_\_\_ (relative caregiver), who being by me duly sworn, deposed as follows:

My name is \_\_\_\_\_, and I am of sound mind and am over 18 years of age. My personal information is as follows:

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's license or identification card number: \_\_\_\_\_

I am competent to testify to the following facts and matters:

I am a relative caregiver to \_\_\_\_\_ (name of child), whose date of birth is \_\_\_\_\_.

The above named child is living with me at \_\_\_\_\_ (address)

because of the following (describe the reasons why child lives with you and any attempts that you have made to advise the parent of your intent to consent to medical treatment or educational services for the child, and any response of the parent): \_\_\_\_\_

Parent's contact information (if known) is: \_\_\_\_\_

Attached is a signed and dated delegation of authority to me by the parent to consent to educational services or Medical treatment.

The reason why I am unable to contact the parent to advise the parent of my intent to consent to medical treatment or education services for the child is \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Relative Caregiver

In witness whereof I have hereunto subscribed my name and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

This affidavit expires one year after the date it is given to the health care provider or school. If the date the affidavit is given to a health care provider or school is unknown, it will expire one year after the date the relative caregiver signs this form.

