Elk Grove Unified School District

CAREGIVER'S AUTHORIZATION AFFIDAVIT – PART I

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 numbers 1-4 and the signing of the affidavit is sufficient to authorize:

- Enrollment/disenrollment of a minor in school
- School-related medical care (e.g., immunizations, physicals, etc.)
- Access to educational records (includes Synergy ParentVUE)
- A work permit for the minor

Completion of numbers 5-8 is required to authorize (ONLY for qualified relatives):

- Any other medical care

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

1. Name of minor: _____
2. Minor's birth date: _____
3. Caregiver's name: _____
4. Caregiver's home address: _____

5. [ ] I am a qualified relative of the minor (see reverse for definition). Relationship to minor: _____
6. Check ALL that apply:
   [ ] I have advised the parent/guardian having legal custody of the minor of my intent to authorize medical care, and I have received no objection
   [ ] At this time, I am unable to contact the parent/guardian having legal custody of the minor to notify them of my intended authorization.
7. Caregiver's date of birth: _____
8. Caregiver's ID (driver's license, state ID, or government-issued consular card):_____

WARNING to Caregiver: Do not sign this form if any of the statements above are incorrect. It is a crime punishable by a fine, imprisonment, or both.
WARNING to Local Education Agencies and Health Care Service Providers: A seal or signature from a court is not required. This form is not required to be notarized.

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

Caregiver's signature: _____ Date: _____

Caregiver's phone number: _____ Email: _____

Approved/reviewed by:

Signed: _____ Date: _____

☐ **CAA placed in CUM** ☐ **CAA attached to Synergy Documents**

McKinney-Vento Homeless

☐ **Yes** ☐ **No**

Updated 1/2026

You are a qualified relative if you are over the age of 18 and the minor's:

- Up to the 5th degree of kinship – grandparent, aunt or uncle, brother, sister, stepbrother, stepsister, half brother, or half sister, niece or nephew, first cousin, parent/stepparent, any person denoted by the prefix "great," "great-great," or "grand"
- The spouse of any of the persons specified above, even after the marriage has been terminated by death or dissolution

Can I use a Caregiver's Authorization Affidavit to approve medical or dental care for a child?

You can use the CAA to approve medical care for a minor if:

- You are over the age of 18 **and**
- You take care of a child who lives in your home, **but**
- You don't have a court order that gives you custody **and**
- You are a "qualified relative"

Notices:

- This declaration does not affect the rights of the minor's parent 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.
- If you are not a qualified relative or a currently licensed foster parent, the law may require you to obtain a foster home license in order to care for a minor. (If you have questions, please contact your local Department of Social Services)
- If the minor moves out of your residence, you are required to notify the school district to whom you have given this affidavit
- If the caregiver does not have a California driver's license, State ID, or government-issued consular card, they may provide another form of identification such as their social security number or Medi-Cal number, accompanied by a copy of their proof of residency
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- This affidavit is invalid after the school district receives notice that the student no longer lives with the caregiver.

To School Officials:

- 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 requires proof of residence for evidence that the caregiver lives at the address provided in #4.
- Please update/contact your district homeless liaison (if the student is homeless). (916) 681-7577

To Health Care Providers and Health Care Service Plans:

- 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 or civil liability to any person, or subject to professional disciplinary action, for such reliance if the applicable portions of the forms are completed.
- This affidavit does not confer dependency for health care coverage purposes.

Elk Grove Unified School District

CAREGIVER'S AUTHORIZATION AFFIDAVIT – PART II (optional)

Consent for Authorization of Education Rights to Caregiver

This form temporarily grants educational rights from the parent/legal guardian to the caregiver.

Name of minor: _____ Date of birth: _____

Parent/guardian with legal custody of minor: _____

Caregiver: _____

Parent/guardian with legal custody appoints the caregiver to act in loco parentis of this minor in all matters pertaining to school. Parent/guardian authorizes the caregiver to do the following:

1. Complete all necessary registration materials required by the EGUSD
2. Sign all reports, including report cards, excuses for tardies and absences, work permits, and all other documents which require a parent/guardian signature
3. Have access to confidential information regarding the above minor
4. Assume all obligations in respect to discipline and control of the above minor
5. Accept responsibility to ensure school attendance of the above minor
6. Receive all correspondence from the school relative to the minor's adjustment
7. Authorize medical care in emergencies
8. Notify the school immediately if there is a change in address for this minor
9. Consent to assessment plans, special education, and disability-related supports and services (504s/IEPs)

Parent/guardian with legal custody understands that this form does not establish residency in the EGUSD and that the caregiver mentioned above will abide by all residency requirements as set forth by the EGUSD (BP/AR 5111.1 an AR 5111.11)

Parent/guardian signature: _____	**Caregiver signature: _____**
Printed name: _____	**Printed name: _____**
Relation to minor: _____	**Relation to minor: _____**
Address: _____	**Address: _____**
Phone Number: _____	**Phone Number: _____**
ID: _____	**ID: _____**

This form must accompany the Caregiver Authorization Affidavit

OFFICIAL NOTARY STAMP

Notary Signature _____ Date _____

*****In lieu of an official notarization, the parent/guardian with legal custody of the minor and the caregiver may complete this form in person at a school site/office. School staff will verify ID.*****

Updated 1/2026