

CAREGIVER AFFIDAVIT

I, _____ (hereinafter "Affiant" or "Caregiver"), residing at _____, being of sound mind and over the age of eighteen (18) years, do hereby declare and affirm under penalty of perjury as follows:

I. IDENTIFICATION OF PARTIES

1. Affiant/Caregiver:

Name: _____

Date of Birth: _____ day of _____, 20 _____

Phone Number: _____

Email Address: _____

2. Minor/Dependent:

Name: _____

Date of Birth: _____ day of _____, 20 _____

Social Security Number (Last 4 digits): _____

Current Address: _____

3. Parent(s) or Legal Guardian(s) of Minor/Dependent (if known and applicable):

Name of Parent/Guardian 1: _____

Address: _____

Phone Number: _____

Name of Parent/Guardian 2: _____

Address: _____

Phone Number: _____

II. RELATIONSHIP AND REASON FOR CARE

I am the _____ (e.g., grandparent, aunt, uncle, family friend) of the above-named Minor/Dependent. I have assumed responsibility for the care, custody, and control of the Minor/Dependent due to:

III. GRANT OF AUTHORITY

By this Affidavit, I declare that I am currently providing care for the Minor/Dependent and have the authority to make decisions regarding the Minor/Dependent's welfare, including but not limited to, the following:

1. Educational Decisions: I am authorized to enroll the Minor/Dependent in school, access educational records, attend parent-teacher conferences, and make decisions concerning the Minor/Dependent's education, including disciplinary matters, extracurricular activities, and special education services.

2. Medical Decisions: I am authorized to consent to medical, dental, psychological, and surgical treatment for the Minor/Dependent, including emergency medical care, and to access the Minor/Dependent's medical records. This authority includes the power to make decisions regarding routine and non-routine healthcare, administer medications, and communicate with healthcare providers.

3. General Welfare Decisions: I am authorized to make decisions concerning the Minor/Dependent's daily care, supervision, and general welfare, including but not limited to, decisions regarding housing, food, clothing, and participation in recreational activities.

IV. DURATION OF AFFIDAVIT

This Caregiver Affidavit shall remain in full force and effect from the date of its execution until the Minor/Dependent reaches the age of eighteen (18) years, or until such time as it is revoked in writing by the undersigned Affiant or by a parent or legal guardian of the Minor/Dependent, or until the Minor/Dependent is no longer in the care of the Affiant, whichever occurs first.

V. INDEMNIFICATION

I agree to indemnify and hold harmless any school, medical provider, or other third party acting in good faith reliance upon this Affidavit from any liability, claims, or damages arising from their actions taken pursuant to the authority granted herein.

VI. DECLARATION

I declare under penalty of perjury under the laws of the State of _____ that the foregoing

is true and correct to the best of my knowledge and belief.

Executed this _____ day of _____, 20_____.

CAREGIVER/AFFIANT

Signature: _____

Print Name: _____

Date: _____ day of _____, 20_____

Address: _____

NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this _____ day of _____, 20_____, before me, a Notary Public in and for said County and State, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

Notary Public: _____

Print Name: _____

My Commission Expires: _____