DANAE POWERS M.S.
LICENSED MARRIAGE AND FAMILY THERAPIST

License # MFC 52528
228 East Foothill Boulevard
Arcadia, California 91006-2508
(626) 385-7284
info@danaepowers.com

CAREGIVER'S AUTHORIZATION AFFIDAVIT

☐ I declare that I am a grandparent, aunt, uncle, or other qualified relative of the minor (*see below for a definition of "qualified relative"*) and that I am requesting to authorize mental health care for the minor named below.

Name of Minor: _____
Last First Middle

Minor's Date of Birth: ____ / ____ / _____

Caregiver's Relationship to Minor: _____

Name of Caregiver: _____
Last First Middle

Caregiver's Date of Birth: ____ / ____ / _____

Caregiver's California Driver's License or Identification #: _____

Address: _____
Number Street Apt / Unit / Space

_____
City State Zip Code

Check applicable box below (e.g., if one parent was advised and the other cannot be located):

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

☐ I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

WARNING: 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.

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NOTICES

1. This declaration does not affect the rights of the minor's parents 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.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year after the date on which it is executed.
4. "Qualified relative" means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
5. 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 given this affidavit.
7. If you do not have a California driver's license or I.D., provide another form of identification such as your social security number or Medi-Cal number.
8. 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 liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.

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

_____ ____ / ____ / _____

Signature of Caregiver Date