

PERRIS ELEMENTARY SCHOOL DISTRICT

Bruce Bivins, Superintendent

2221 South "A" Street, • Perris, California 92570
951.940.4942 • 951.657.7435 Fax

TYE ALLENBRAND
DIRECTOR OF STUDENT SERVICES
& SPECIAL EDUCATION

Caregiver's Affidavit Information

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.

Additional Information: School Year : _____

The school office will verify this affidavit is still in effect each subsequent year as long as the student is enrolled in our district.

To Caregivers:

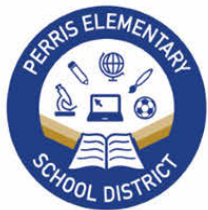
1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great", or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
3. 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.
4. If you do not have the information requested in item 8 (California's Driver's License or ID), provide another form of identification such as your social security number or Medi-Cal number.

To School Officials:

1. Section 428204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the power 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.
2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

To Health Care providers and Health Care Service Plans:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical and 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 application portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.



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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 items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school—related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

The minor named below lives in my home and I am 18 years of age or older.

1. Name of minor: _____
2. Minor's birth date: _____
3. My name (adult giving information): _____
4. My home address _____
(street, apartment number, city, state, zip code)
5. I am a grandparent, aunt, uncle or other _____ qualified relative of the minor.
(See page 2 of this form for a definition of "qualified relative").
6. Check one or both (for example, 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.
7. My California's driver's license or identification card number: _____
8. My date of birth: _____

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: _____

Warning: DO NOT SIGN THIS FORM IF ANY OF THE STATEMENT ABOVE IS INCORRECT, OR YOU WILL BE COMMITTING A CRIMINAL PUNISHABLE BY A FINE, IMPROSONMENT, OR BOTH .

The Perris Elementary School District does not discriminate in any employment practice, educational program or educational program or educational activity on the basis of and/or association with a person or group with one or more of these actual or perceived characteristics of age, ancestry, color, disability, ethnicity, gender, gender identity, or expression, genetic information, martial status, medical condition, national origin, political affiliation, pregnancy, and related conditions, race, religion, retaliation, sex (including sexual harassment), sexual orientation, or any other basis prohibited by California state and federal nondiscrimination laws respectively. In addition, the district provides equal access to the Boy Scouts and other designated youth group.