

## CAREGIVER'S AUTHORIZATION AFFIDAVIT (pg. 1 of 2)

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

Name of minor: \_\_\_\_\_

Minor's birth date: \_\_\_\_\_

My name: \_\_\_\_\_

My relationship to the minor: \_\_\_\_\_

My home address: \_\_\_\_\_

Name(s) of the minor's parent(s), custodian(s), or guardian(s):

\_\_\_\_\_

No one other than the parties listed above has legal standing in custody issues for the minor.

My relationship(s) to the parent(s), custodian(s), or guardian(s) is/are:

\_\_\_\_\_

Check one or both (for example, if one parent is authorizing and the other cannot be located):

The minor's parent(s), custodian(s), or guardian(s) approve of my authorization for provision of health care treatment and/or making school-related decisions for the minor, as indicated by his/her/their signature(s) below:

Please check one or both:  health care treatment  school-related decisions.

X\_\_\_\_\_ X\_\_\_\_\_

I have made reasonable efforts to locate the minor's parent(s), custodian(s), or guardian(s), but he/she/they are unavailable to sign the affidavit because:

\_\_\_\_\_

\_\_\_\_\_

### STATEMENTS & ADDITIONAL INFORMATION

- With a duly-executed affidavit, a caregiver:
  - shall be allowed to authorize the provision of health care treatment to the minor, or to withhold such authorization; and/or
  - shall be the person responsible for enrolling the minor in school and acting as the minor's legal contact with the school for the purposes of making decisions on enrollment, attendance, extracurricular activities, discipline, and all other school-related activities.

**CAREGIVER’S AUTHORIZATION AFFIDAVIT (pg. 2 of 2)**

STATEMENTS & ADDITIONAL INFORMATION (continued)

- “Caregiver” means an adult person with whom a minor resides, including a grandparent, stepgrandparent, stepparent, aunt, uncle, or any other adult relative.
- The decision of a relative caregiver to authorize or refuse educational services or health care treatment for the child shall be superseded by a decision of the child’s parent(s), de facto custodian, guardian, or legal custodian.
- An affidavit does not give a caregiver the status of a de facto custodian, guardian, or legal custodian of the minor.
- A caregiver is required to notify any health care provider or school to which the affidavit was presented if the minor ceases to reside with the caregiver or if the affidavit is revoked by the minor’s parent(s), de facto custodian(s), guardian(s), or legal custodian(s).
- This affidavit can do nothing to prohibit a health care provider from providing health care treatment for a condition that, left untreated, could reasonably be expected to substantially threaten the health or life of the minor.
- Authorization is valid for one (1) year and may be renewed annually unless revoked by the minor’s parent(s), de facto custodian, guardian, legal custodian, or caregiver.
- A person who knowingly makes a false statement shall be subject to criminal penalties.
- Nothing within this document is intended to serve as legal advice; all parties should seek legal advice from an attorney with any questions related to this document.
- For more information, see KRS 405.024 and KRS 158.144.

To the best of my knowledge, the information above is true and correct. I have read, understand, and accept the statements and additional information listed above.

\*TO BE SIGNED IN THE PRESENCE OF A NOTARY\*

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_

NOTARY SECTION

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on \_\_\_\_\_  
by \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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