

IEM Schools Caregiver Authorization Affidavit

(For use by Caregivers for school enrollment to accompany the school Enrollment Application)

Fax completed form to IEM at: 530-295-3583

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code. It pertains to voluntary placements and non-dependent minors.

NOTICE:

- 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.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- This affidavit is not valid for more than one year after the date on which it is executed.

Instructions: Completion of items 1-6 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorized school-related medical care or to have responsibility for educational decisions except for matters relating to Special Education, if any.

Please **PRINT** clearly

- 1) Full Name of Minor: _____
- 2) Minor's Birth Date: _____
- 3) Caregiver Name: _____
- 4) Caregiver's Address: _____ Phone: _____
- 5) Caregiver's Birth Date: _____ California Driver's License or Other ID # _____
- 6) I am a (Check appropriate box that gives you caregiver authority):
 - a. _____ Qualified relative of the minor (List relationship: _____)
 - b. _____ Licensed foster parent (Attach legal documentation to this form)

If you checked 6a, also circle Yes or NO for each of the following statements:

1. I have advised the parent(s) or other persons having legal custody of the minor of my intent to authorize educational decisions and medical care, and have received no objection. **YES or NO**
2. I am unable to contact the parent(s) or other persons, having legal custody of the minor at this time to notify them of my intended authorization **YES or NO**
3. If you answered **YES** to questions #2: Due to the fact that I am unable to contact the parent(s) or other persons having legal custody of the minor at this time, I will take responsibility for all educational decisions regarding the above named minor. **YES or NO**

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.

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