



Caregiver Authorization Affidavit

Information & Instructions

What is the purpose of the Caregiver Authorization?

This form allows you, as the parent or legal guardian, to grant to another individual who is a Caregiver to the child the ability to make health care decisions for your child. A Caregiver is someone who physically lives with and provides care to a minor child.

What will the appointed Caregiver be able to do?

Once this form is completed, the Caregiver will be able to exercise the same rights and make the same decisions that the parent or legal guardian makes for the child. A Caregiver can consent to medical treatment for the child, and can request medical records of the child. You do have the opportunity to limit the Caregiver's authority by setting forth any specific acts you do not want the Caregiver to perform in the appropriate section of the form.

What steps must I take to complete the form?

Section 1

Provide the information requested including setting forth the limits on the Caregiver's authority, if any. Your signature at the end of this section certifies that you have the legal right to make this appointment (in other words, that there is no court order prohibiting you from doing so). NOTE: Do not sign the form until you are in the presence of a notary public (see Section 3).

Section 2

You must have two witnesses sign and date the form, and print their name, address and telephone number. The witnesses must be over age 18, and neither witness can be the individual identified as the Caregiver.

Section 3

This form must be notarized. To have the form notarized, you must sign the document in front of a notary public and provide that person with picture identification, such as your license. You can have a form notarized free of charge at most local banks.

Section 4

The Caregiver should complete this section, providing a signature, printed name, telephone number and date.



CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian)

I, _____, residing at _____

am: the parent / legal guardian / legal custodian of the minor child(ren) listed below.

I do hereby authorize _____, residing at _____, Phone #: _____ to exercise concurrently the rights

and responsibilities, except those prohibited below, that I possess relative to the health care of the minor children whose names and dates of birth are:

| | |
|-------------------------------|-------------------------------|
| _____ | _____ |
| <i>name and date of birth</i> | <i>name and date of birth</i> |
| _____ | _____ |
| <i>name and date of birth</i> | <i>name and date of birth</i> |

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

The following statements are true: (Please read)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. (If you are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

This document shall remain in effect until _____ (not more than two years from today) or until I notify the caregiver in writing that I have amended or revoked it.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature: _____ Date: _____

Printed name: _____

Telephone number: _____

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated caregiver.)

| | |
|--|--|
| <i>Witness #1 Signature</i> | <i>Witness #2 Signature</i> |
| Printed Name, Address and Telephone | Printed Name, Address and Telephone |
| | |
| | |
| | |

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

Commonwealth of Massachusetts

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: _____
Printed name of notary: _____
My commission expires: _____

4. CAREGIVER ACKNOWLEDGMENT

I, _____, am at least 18 years of age and the above child(ren) currently reside with me at _____.

I am the children's (state your relationship to the child) _____.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Signature of caregiver: _____
Printed name: _____
Telephone Number: _____
Date: _____