ADMISSION OF STUDENTS

(Affidavit of Relative Caregiver)

The State of Missouri
The County of _______________________

Affidavit

Before me, the undersigned authority, personally appeared________________________________ [name of relative caregiver signing form], who, being by me duly sworn, deposed as follows:

My name is __________________________________,* and I am of sound mind and am 18 years of age or older. The following information about me is true and correct:

My date of birth:* ______________________________

Address:* ____

Home Phone: ________________________ Work Phone: ______________________________

Mobile Phone: _______________________ E-mail Address: ____________________________

Driver's license or identification card number:* ____

I am competent to testify to the following facts and matters:

I am a relative caregiver to ________________________________ [name of child],* whose date of birth is ____.* My relationship to the child is ____________________________________.* The above-mentioned child is living with me at the address listed above because of the following [describe reason why child lives with relative caregiver]: ____
____
____
____
____

I understand that I have a legal obligation to notify any healthcare provider or school that has been given this affidavit if the child stops living with me.

The contact information for the child's parent(s) is as follows (if known):*

Mother's Name: ____

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Address: ____

Home Phone: ____________________ Work Phone: ____________________

Mobile Phone: ____________________ E-mail Address: ____________________

Father's Name: ____

Address: ____

Home Phone: ____________________ Work Phone: ____________________

Mobile Phone: ____________________ E-mail Address: ____________________

Check one of the following and provide the appropriate explanation:*

__ I have made the following attempts to notify the parent(s) of my intent to consent to medical treatment or educational services for the child: ______________________________
____
____
____

__ The child's parent(s) provided the following response: ____________________
____
____
____

__ I have not been able to contact the parent(s). The reason I am unable to contact the parent(s) to advise the parent(s) of my intent to consent to medical treatment or educational services for the child is: ____
____
____
____

I understand that this affidavit expires one year after the date it is given to a healthcare provider or school. If that date is unknown, it will expire one year after the date I have signed the affidavit. At that time I will need to provide a new affidavit.

____
Signature of Caregiver* Date*

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In witness whereof I have hereunto subscribed my name and affixed my official seal this _________ day of __________________, 20______.

____

Signature of Notary Date

{{Seal}}

__ If applicable: Attached is a signed and dated delegation of authority to me by the parent to consent to educational services or medical treatment.

* This information is required for the affidavit to be legally enforceable.

For Office Use Only: Date Received ______________________

* * * * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: October 17, 2018

Revised:

Boonville R-I School District

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