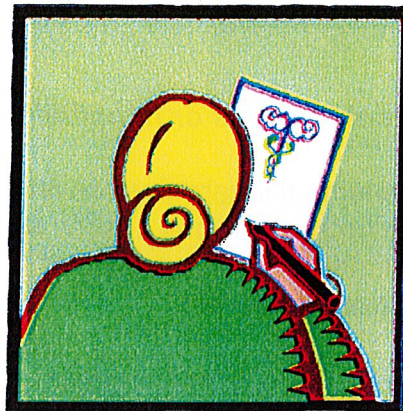




INSTRUCTIONS

Massachusetts Caregiver Authorization Affidavit

Education and Health Care Form



Who can use this form?

If a child is living with you, a parent may give you permission to make medical and educational decisions for the child. If the child is living with you and you are not a parent, you are called a "caregiver."

Who CANNOT use this form?

People acting as caregivers solely for educational purposes to attend a particular school

Do I need to file anything in court if we use this form?

No. This form gives the caregiver the right to make decisions without a court order.

What does the caregiver do with this form?

You will need to give a copy of this form to the child's school, doctor and dentist. You should keep a list of everyone to whom you gave the form, in case you have to let them know about changes. You should make copies for yourself and keep the original in a safe place.

Does this form give custody to the caregiver?

No, this form only gives the caregiver the right to make medical and educational decisions for the child.

If a parent signs this form, can the parent still make these decisions?

Yes, a parent keeps the right to make these decisions as well.

What happens if the caregiver and the parent disagree?

If there is a disagreement, the parent makes the final decision.

How long does this permission last?

It is good for up to 2 years. You will need a new one every 2 years.

Can a parent change his or her mind?

Yes. He or she needs to write a letter to the caregiver, saying that the caregiver no longer has permission to make these decisions. Please be sure to sign the letter and include the date. The parent and the caregiver each gives a copy of this letter to the child's school, doctor and dentist.

HOW TO FILL OUT THE FORM

Parent

- The parent fills out the front page under the heading "Authorizing Party."
- The parent must sign this form in front of two witnesses (who are not the caregiver) and a notary public. The witnesses and the notary sign on the back page.
- Notaries are often available at banks and courts. You can also find a notary in the yellow pages. Please note that you will need to show a picture I.D. to the notary. There may be a charge to have the form notarized.

Caregiver

- The caregiver fills out the last paragraph on the back page called "Caregiver Acknowledgment."

Both the parent and the caregiver should carefully read the form before signing, since you are swearing that the information in it is true.

CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 201F

1. AUTHORIZING PARTY (Parent/Guardian)

I, _____, residing at _____

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

I do hereby authorize _____, residing at _____ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

_____	_____
name	date of birth
_____	_____
name	date of birth

_____	_____
name	date of birth
_____	_____
name	date of birth

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: _____
 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.)

Witness #1 Signature

Witness #2 Signature

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: _____