

## <u>Caregiver Authorization Affidavit</u> Massachusetts General Laws Chapter 201F

## 1. AUTHORIZING PARTY (Parent/Guardian)

I/We,		, residing			
am (circle one)	the parent	Legal Guardian	Legal Custodian	of the minor child(ren) listed below	
I/We do hereby a	authorize		, residing at		
				ohibited below, that I possess relative t	
the education and	d health care of	f the minor child(ren	) whose names and	dates of birth are:	
Name	Da	te of Birth	Name	Date of Birth	
Name	Dat	e of Birth	Name	Date of Birth	
Ivallie	Dat		Name	Date of Bitti	
The caregiver m perform, please s	•	•	ere are any specific	c acts you do not want the careg iver t	
1 1		,			

The following statements are true (please read):

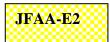
- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiv er. (if y ou are the legal guardian or custodian, attach the court order appointing you.)
- I am not using this affidavit to circumvent any 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 that I have amended or revoked it.

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

Signature: \_\_\_\_\_\_
Printed Name:

Telephone Number:



## 2. <u>WITNESSES TO AUTHORIZING PARTY SIGNATURE</u> (to be signed by persons over the age of 18 who are not the designated caregiver)

Witness #1 Signature	Witness	#2 Signature			
Printed Name, Addres	s & Telephone	Printed Name, Address & Telephone			
3. <u>NOTARIZ</u>	ATION OF AUTHORI	ZING PARTY'S SIGNATURE			
	nonwealth of Massachuse	etts			
	, ss				
		re me the undersigned notary public, personally appeared proved to me through satisfactory evidence			
of identification, which	ch was	to be t he person whose swore under the pains and penalties of perjury that the foregoing			
name is signed in the statements are true.	preceding document and	swore under the pains and penalties of perjury that the foregoing			
Signature and Seal of	Notary	Printed Name of Notary			
	My co	mmission expires			
3. <u>CAREGI</u>	VER ACKNOWLEDGE	<u>CMENT</u>			
1/We,		am at least 18 y ears of age and the above			
child(ren) currently	reside with me at	I am the relationship to the child)			
child(ren)'s	(state your	relationship to the child)			
of the child(re of the child(	en), exercise concurrent ri ren), except those rights	ing further consent for a parent, legal custodian or leg al guardian ights and responsibilities relative to the education and health care and responsibilities prohibited above. However, I may not cts with the decision of the child(ren)'s parent, legal guardian or			

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

Signature of Caregiver	Printed	 Name	
Telephone Number Reviewed; revised 8/7/12	Date	 	
Reviewed, no revisions 8/18/16			