

## **Caregiver Authorization Affidavit**

### **Massachusetts General Laws Chapter 201F**

#### **1. AUTHORIZING PARTY (Parent/Guardian)**

I/We, \_\_\_\_\_, residing at \_\_\_\_\_  
 am (circle one)      the parent      Legal Guardian      Legal Custodian      of the minor child(ren) listed below

I/We 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 child(ren) whose names and dates of birth are:

Name _____	Date of Birth _____
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Name _____	Date of Birth _____
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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 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. WITNESSES TO AUTHORIZING PARTY SIGNATURE (to be signed by persons over the age of 18 who are not the designated caregiver)**

Witness #1 Signature _____ Printed Name, Address & Telephone _____ _____ _____ _____	Witness _____ _____ _____ _____	#2 Signature _____ Printed Name, Address & Telephone _____ _____ _____ _____
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**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 in 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

**3. CAREGIVER ACKNOWLEDGEMENT**

I/We, \_\_\_\_\_ am at least 18 years of age and the above child(ren) currently reside with me at \_\_\_\_\_ I am the child(ren)'s (state your relationship to the child)

I understand that I may, without obtaining further consent for 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

Reviewed; revised 8/7/12

Reviewed, no revisions 8/18/16