

**INSTRUCTIONS:** Please complete and print the form below. You will need to have this form notarized, then bring it with you to the minor child's vaccination appointment.

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

AFFIDAVIT

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
(relative caregiver), who, being by me duly sworn, deposed as follows:

My name is \_\_\_\_\_, and I am of sound mind and am over eighteen (18) years of age. My date of birth, address, contact information, and driver's license or identification card numbers are:

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_ (\_\_\_\_) \_\_\_\_\_

Driver's License/ID 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 \_\_\_\_\_ (address) because of the following \_\_\_\_\_

\_\_\_\_\_  
(description of reasons why child lives with relative caregiver and any attempts that the relative caregiver has made to advise the parent of the relative caregiver's intent to consent to medical treatment or educational services for the child, and response to the relative caregiver provided by the parent). The contact information for the parent is \_\_\_\_\_ (if known).

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

(If applicable) The reason why I am unable to contact the parent to advise the parent of my intent to consent to medical treatment or educational services for the child is \_\_\_\_\_  
\_\_\_\_\_.

Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Seal