

## Caregiver's Authorization Affidavit

The minor named below lives full-time in my home and I am 18 years of age or older.

1. Name of minor: \_\_\_\_\_.

2. Minor's birth date: \_\_\_\_\_.

3. My name (adult giving authorization): \_\_\_\_\_.

4. My home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

5. ( ) I am a grandparent, aunt, uncle, great-grandparent, brother, sister, half-brother, half-sister, uncle, aunt, niece or nephew of the minor.

6. The child has been living in my home since \_\_\_\_\_.

7. Check one or both (for example, if one parent was advised and the other cannot be located):

( ) The child has been left in my custody and I have advised the parent(s) or other person(s) having legal custody of the minor, in writing, of my intent to authorize medical care, and have received no objection.

( ) The child has been left in my custody and I am unable to contact or locate the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

8. My date of birth: \_\_\_\_\_.

9. My Oklahoma driver's license or identification card number: \_\_\_\_\_

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_