

Caregiver's Affidavit

Information

- This declaration does not affect the rights of the minor's parents or legal guardian regarding the care, custody and control of the minor.
- This declaration does not mean that the caregiver has legal custody of the minor.
- A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
- This affidavit is **valid for one (1) year** from the date on which it is executed.

CAREGIVERS:

Caregiver for purposes of this Act means,

an adult, who is not a parent of the child, with whom a child resides and who provides that child with the care, maintenance and supervision consistent with the duties and responsibilities of a parent of the child.

Qualified Relative for purposes of Item 5, means

a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, godparent, member of the child's tribe or clan, an adult with whom the child has a significant bond, or any person denoted by the prefix "grand" or "great", or the spouse or former spouse of any of the persons specified in this definition.

If the minor stops living with you, you are required to notify any school, health care provider, mental health care provider, health insurer or other person to whom you have given this affidavit.

- If you do not have the information requested in Item 7, provide another form of identification such as your social security number or Medicaid number.

HEALTH CARE PROVIDERS & HEALTH CARE SERVICE PLANS:

- No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical, dental or mental health care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.
- This affidavit does not confer dependency for health care coverage purposes.

This Form is authorized by New Mexico Statute: 40-10B-15 NMSA 1978.

CAREGIVER'S AUTHORIZATION AFFIDAVIT

The Affidavit shall not be valid for more than one year after the date on which it is executed.

Completion of Items 1-4 and signing the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care.

Completion of Items 5-7 is additionally required to authorize any other medical, dental or mental health care.

- 1 Name of Minor
- 2 Minor's birthdate
- 3 Caregiver's Name
- 4 Caregiver's Home Address

- 5 I understand that authorization given for the above named child for any of my powers regarding care, custody or property of the minor child or protected person, including, but not limited to medical treatment, education matters, participation in religious or recreational activities. (I understand I am not, and cannot, delegate the power to consent to marriage or adoption of a minor protected person.)
- 6 I am a grandparent, aunt, uncle or other qualified relative of the minor. (See back or following page for a definition of "qualified relative.")
- 7 Check one or both (for example, if one parent was advised and other cannot be located)
- I have advised the parent(s) or other person(s) having legal custody of the minor of my intent to authorize medical care, and have received no objection.
- I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization.

Caregiver's Birthdate

Caregiver's Driver's License or other identification card & number

WARNING: Do not sign this form if any of the statements above are incorrect, or you will be committing a crime punishable by a fine, imprisonment, or both.

I declare under penalty of perjury under the laws of the state of New Mexico that the foregoing is true and correct.

CAREGIVER'S SIGNATURE

NOTARY PUBLIC ACKNOWLEDGMENT

(Photo Identification, Signature Witnessing & Notary Seal Required)

This affidavit was subscribed, sworn to and acknowledged before me this, the _____ day of the month of _____, 20 _____.

NOTARY PUBLIC

My Commission Expires _____ (Seal)