UNITED STATES OF AMERICA

AFFIDAVIT

CAREGIVER AUTHORIZATION

I, the undersigned, do hereby make oath and state that:

Your Full Legal Name (Parent / Affiant):

_____

Your State ID / Driver's License Number:

_____

Child's Full Legal Name:

_____

Child's Date of Birth:

_____

Caregiver's Full Legal Name:

_____

Caregiver's Residential Address:

_____

Authorization Start Date:

_____

Authorization End Date:

_____

Scope of Authorization:

_____

1. I am an adult resident of the United States and the facts contained herein are within my personal knowledge and are both true and correct.

2. I make this affidavit for the purpose of Caregiver Authorization and for it to serve before any authority that may require it.

3. I understand that making a false statement in an affidavit is a criminal offense punishable by law.

I certify that the above information is true and correct to the best of my knowledge and belief, and I understand that if I have willfully stated anything which I know to be false or which I do not believe to be true, I may be liable to prosecution.

_____ _____

SIGNATURE OF DEPONENT DATE

_____

PLACE

NOTARY PUBLIC ACKNOWLEDGMENT

State of _____

County of _____

On this _____ day of _____, 20_____, before me personally appeared _____, known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

_____

NOTARY PUBLIC SIGNATURE

_____

PRINTED NAME OF NOTARY PUBLIC

_____

MY COMMISSION EXPIRES

NOTARY SEAL / STAMP
