



Authorization for Adult to Act as Custodial Parent

Please provide a separate form for each child

I, (parent name) _____ of (city) _____,
(county) _____, California, do hereby state that I am the parent/guardian having legal
custody of (child's name) _____ age _____, born (date) _____,
who resides with me at (address) _____.

I authorize (custodial adult name) _____, an adult,
who resides at (address) _____
in (city) _____, county _____, state of California, to
act on my behalf in school matters such as, but not limited to, signing absence verifications, attending
parent conferences, approving field trips, acknowledging notifications, and signing other authorizations
including, but not limited to, medical decisions and or treatment while attending school or participating
in school related activities.*

Dated this (day) _____ of (month) _____, (year) _____.

Signature of Parent or Guardian

Expiration (date this Authorization ends)

Emergency Information (be sure to provide this to your selected Caregiver as well):

Child's doctor name and phone number: _____

Child's dentist name and phone number: _____

Child's medical conditions/allergies, if any: _____

Child's medications, if any: _____

**Please notify the custodian you have selected that if she or he assumes care for your child, it will be necessary to
bring a Caregiver Affidavit to school to let the school district know that the child is now living with the caregiver.
The Affidavit is found at www.courts.ca.gov/documents/caregiver.pdf and at Student Services, 510-883-5224.
Please note that the Caregiver Affidavit form refers to "qualified relatives" as caregivers, but a friend may also
be a caregiver for school purposes, although with more limited rights to medical decision-making.*