

# CAREGIVER AUTHORIZATION AFFIDAVIT

Massachusetts General Laws Chapter 207B

## 1. AUTHORIZING "ART# \_\_\_\_\_" parent/guardian

I, \_\_\_\_\_ (circle one the parent or legal guardian or legal custodian) of the \_\_\_\_\_ child/ren (last and first name)

do hereby authorize \_\_\_\_\_ (last and first name) to exercise currently the rights and responsibilities (except those prohibited below) that I possess relating to the education and health care of the \_\_\_\_\_ child/ren whose names are \_\_\_\_\_

\_\_\_\_\_ date of birth \_\_\_\_\_  
\_\_\_\_\_ date of birth \_\_\_\_\_  
\_\_\_\_\_ date of birth \_\_\_\_\_  
\_\_\_\_\_ date of birth \_\_\_\_\_

The caregiver, a NOT & the following: \$I/ there are any specific acts you do not want the caregiver to perform, please state these acts here!  
\*\*\*\*\*  
\*\*\*\*\*

The following state, facts are true- *Please read*

- There are no court orders in effect that would prohibit, restrict, or supersede the rights and responsibilities that I wish to confer upon the caregiver (If you are the legal guardian or custodian, attach the court order appointing you.)
- I authorize this authorization to be used in any state (or federal law) for the purposes of attendance at a particular school) or to receive or provide care for, which, these rights have been recognized by state or federal law
- I confer these rights and responsibilities (including any written or oral threats or promises) to the child/ren (and not as a result of pressure) threats or promises to the child/ren
- I understand that the authorization is a revocable instrument, and I have provided this authorization

This authorization shall remain in effect until \_\_\_\_\_ (not more than two years from today) or until I notify the caregiver in writing that I have a revocation

I hereby affirm, that the above state, facts are true) under pain and penalties as prescribed

Signature- \_\_\_\_\_  
Print name, \_\_\_\_\_  
Telephone number, \_\_\_\_\_

21 : ITNE99E9 TO AUTHORIZING "ART# 9IGNATURE  
(To be signed by persons over the age of 18 who are not the designated caregiver.)

\*\*\*\*\*  
: 'tness ;! 9'+nature  
\*\*\*\*\*  
" r'nte& Na , e) A&&ress an& Teleph . ne  
\*\*\*\*\*

\*\*\*\*\*  
: 'tness ;2 9'+nature  
\*\*\*\*\*  
" r'nte& Na , e) A&&ress an& Teleph . ne  
\*\*\*\*\*