

Relative Caregiver Affidavit

Notice to person receiving this form: ORS 109.575 and ORS 109.580 allows an adult caring for a relative's child to use this form to consent to medical and educational decisions for the minor child when their parent or legal guardian is unavailable. If you receive a signed copy of this form, you must allow the person named in this form to make decisions for the minor named in this form. If you have questions about your responsibilities upon receiving this form, please talk to a lawyer.

1. I (*your full legal name*) _____ am an adult caring for a relative's minor child or children.
2. The child or children's names and date of birth's are: _____

3. The minor child/ren live with me at the following address: _____

4. My relationship to the minor child/ren is (*for example, "grandmother," "aunt," or "cousin"*):

5. My date of birth is: _____
6. My Oregon driver's license or identification card number is: _____
7. The child/ren's legal parents' or guardians' names are (full legal names): _____

8. The contact information for legal parents or guardians is:
 - a. Mother: _____
 - b. Father: _____
 - c. Guardian (if children have a legal guardian): _____
9. I have made these efforts to contact the legal parents or guardian: _____

10. I am unable to contact the legal parent or guardian to get their permission to make educational or medical decisions for the child/ren because: _____

I declare under penalty of perjury that the above-named child or children live with me, that I am a competent adult at least 18 years of age or older, and that the information provided in this affidavit is true and correct.

Date

Name of relative caregiver

Signature of relative caregiver

Phone number

Address