

JEFFERSON COUNTY PUBLIC SCHOOLS CAREGIVER AFFIDAVIT

KRS 158.144 and KRS 405.024 allow caregivers to execute an affidavit to allow the caregiver to authorize health care treatment and to make school related decisions for a minor in their care. The student must be a minor. The student must reside with the caregiver. The caregiver must be an adult relative of the student (for example, grandparent, step-grand parent, step-parent, aunt, or uncle).

IDENTIFICATION OF PARTIES

Caregiver Name _____ Relationship to Student _____
Minor (student) Name _____ Student's Date of Birth _____
Parent/Guardian/Legal Custodian/Defacto Guardian of student: _____
Caregiver's relationship to the Parent/Guardian/Legal Custodian/Defacto Guardian: _____
Caregiver Address _____ City, State, Zip _____
Phone _____ Email _____

CAREGIVER AFFIDAVIT

I, the caregiver named above (the "Caregiver"), am over the age of eighteen, and I shall be allowed to authorize the _____ provision of health care treatment to the Minor named above (the "Minor") who resides in my home, or to withhold such
Initial authorization. No other party has legal standing in custody issues for the Minor other than the party or parties identified above as the Minor's parent(s), de facto custodian, guardian or legal custodian.

I, the caregiver named above, am over the age of eighteen, and I shall be the person responsible for enrolling the Minor named above, who resides in my home, in school and acting as the Minor's legal contact with the school and the school district for the purposes of making decisions on enrollment, attendance, extracurricular activities, discipline, and all
Initial other school related activities. No other party has legal standing in custody issues for the Minor other than the party or parties identified above as the Minor's parent(s), de facto custodian, guardian, or legal custodian.

The parent(s), de facto custodian, guardian or legal custodian of the Minor is/are unavailable to sign this affidavit for the
Initial reasons set forth below, and I have made reasonable efforts to locate them as set forth below:

Reason for unavailability: _____

Efforts to locate parent, guardian, legal custodian, or de facto custodian: _____

_____ I understand and acknowledge that making a false statement on this affidavit shall be subject to criminal penalties. I understand and acknowledge that this affidavit does not confer upon me the status of a de facto custodian, guardian, or
Initial legal custodian of the Minor.

_____ I understand and acknowledge that this affidavit is valid for one year and may be renewed annually unless revoked by
Initial me or the Minor's parent(s), guardian, defacto custodian, or legal custodian.

_____ I understand and acknowledge that I must notify any health care provider and/or school to which this affidavit was
Initial presented if the Minor ceases to reside with the me or if this affidavit is revoked by me or by the Minor's parent or parents, de facto custodian, guardian, legal custodian, or the Caregiver

Caregiver Signature _____ Date _____

Subscribed and sworn before me, by _____ on _____, 20____.

Notary Public. My commission expires _____, 20____.

You may revoke these permissions in writing at any time. It may take up to 3 business days to process a revocation of Parent Portal rights. Please see the reverse of this form to revoke.

This form is to be maintained in the student's cumulative folder.

Revised 10/17/17



JEFFERSON COUNTY PUBLIC SCHOOLS CAREGIVER AFFIDAVIT REVOCATION

REVOCATION BY CAREGIVER

I _____ request that Jefferson County Public Schools revoke (cancel) the Caregiver Affidavit on the reverse of this form which permits me to make medical and education decisions regarding student, _____.

I understand that signing and submitting this form will end my authorization to make medical and education decisions
Initial regarding the student.

I understand that revocation of Parent Portal rights will require processing time, and my revocation of Parent Portal
Initial rights will be effective three business days after JCPS receives this signed revocation.

Caregiver Signature

Date

Subscribed and sworn before me, by _____ on _____, 20__.

Notary Public. My commission expires _____, 20__.

REVOCATION BY PARENT/GUARDIAN/DE FACTO CUSTODIAN/LEGAL CUSTODIAN

I _____ request that Jefferson County Public Schools revoke (cancel) the Caregiver Affidavit on the reverse of this form which permits _____ to make medical and education decisions regarding student, _____.

I am the (circle one) parent / de facto custodian / guardian / legal custodian of the student. The student now resides at
Initial _____.

I understand that signing and submitting this form will end the Caregiver's previous authorization to make medical and
Initial education decisions regarding the student.

I understand that revocation of Parent Portal rights will require processing time, and my revocation of Parent Portal
Initial rights will be effective three business days after JCPS receives this signed revocation.

Parent/Guardian/Custodian Signature

Date

Subscribed and sworn before me, by _____ on _____, 20__.

Notary Public. My commission expires _____, 20__.

FOR INTERNAL USE ONLY

Revocation forwarded to:

Initial Student's cumulative file (VISI) _____ Date _____ ECE Records Department _____ Date _____

I have revoked the Parent Portal access provided by the Caregiver Affidavit Date _____

School received a revocation of rights granted in this Caregiver Affidavit on a form other than the JCPS form. This revocation has been stapled to this form.

Date revocation was received by school _____

Staff Member Signature

Date

Staff Member Title

This form is to be maintained in the student's cumulative folder.

Revised 10/17/17

