

# 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 by law) that I possess relating to the education and health care of the \_\_\_\_\_ child/ren whose names are \_\_\_\_\_

\_\_\_\_\_ date \_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_  
\_\_\_\_\_ date \_\_\_\_\_

The caregiver, a NOT a professional, there are no specific acts that I do not want the caregiver to perform, please state these acts here!  
\_\_\_\_\_  
\_\_\_\_\_

The following statements are true - *Please read*

- There are no court orders in effect that would prohibit, restrict, or supersede my rights and responsibilities that I wish to continue in the caregiver (If you are the legal guardian or custodian, attach the court order appointing you.)
- I authorize this authority to be used in accordance with the general law for the purposes of attendance at a particular school or to receive rights to a caregiver, where, these rights have been received or will be received by law
- I continue these rights and responsibilities and I do not intend to be coerced or pressured into threats or payments or persons or arrangements
- I understand that the authority is a revocable trust, I must exercise the authority in accordance with the best interests of all parties involved, I have provided this authority

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 pains and penalties of perjury

Signature: \_\_\_\_\_  
Print name, address: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

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

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