
AFFIDAVIT OF RELATIVE CAREGIVER

I, _____, Oregon driver license/official identification number _____, date of birth _____, declare under penalty of perjury that:

1. I am a competent adult and the _____ of the following minor child/ren:
_____ Date of birth: _____
_____ Date of birth: _____
_____ Date of birth: _____
who reside/s with me at _____,
_____, Oregon.

2. The child/ren's parent or legal guardian is _____,
whose last address known to me is _____ and
whose last phone number known to me is _____.

3. It is my intention to give consent for medical treatment/educational services for the minor child/ren.

4. I have contacted the child/ren's legal parent/legal guardian to inform him/her/them of this intention.

5. _____ The response of the legal parent/legal guardian was: _____

OR _____ I was unable to contact the legal parent/legal guardian because _____

Signature: _____ Print name: _____

STATE OF OREGON _____) _____) ss.

County of _____)

SUBSCRIBED AND SWORN to by _____ before me this day of _____, 20 ____.

_____ Notary Public for Oregon
