

Student Services

Affidavit - Consent to Medical Treatment and Educational Service

THE STATE OF MISSOURI

COUNTY OF _____

AFFIDAVIT

Before me, the undersigned authority, personally appeared _____ (relative caregiver), who, being by me duly sworn, deposed as follows:

My name is _____, and I am of sound mind and am over eighteen (18) years of age. My date of birth, address, contact information, and driver's license or identification card numbers are _____. I am competent to testify to the following facts and matters:

I am a relative caregiver to _____ (name of child), whose date of birth is _____. My relationship to the child is _____. The above mentioned child is living with me at _____ (address) because of the following _____ (description of reasons why child lives with relative caregiver and any attempts that the relative caregiver has made to advise the parent of the relative caregiver's intent to consent to medical treatment or educational services for the child, and any response to the relative caregiver provided by the parent). The contact information for the parent is _____ (if known).

(If applicable) Attached is a signed and dated delegation of authority to me by the parent to consent to educational services or medical treatment.

(If applicable) The reason why I am unable to contact the parent to advise the parent of my intent to consent to medical treatment or educational services for the child is _____.

Affiant

In witness whereof I have hereunto subscribed my name and affixed my official seal this _____ day of _____, 20____.

(Signed)

(Seal)