

KINSHIP CAREGIVER'S INFORMED CONSENT DECLARATION FOR MINORS

Individuals authorized to provide informed consent to healthcare on behalf of a child under the age of 18 must be a member of one of the following classes of people in the following order of priority:

- 1 A guardian or legal custodian appointed by the court
- 2 A person authorized by the court to consent to medical care for a child in out-of-home placement pursuant to the dependency and termination of parental rights statutes
- 3 A parent of the minor patient
- 4 A person to whom the minor's parent has given a signed authorization to make healthcare decisions for the minor patient
- 5 A competent adult representing himself or herself to be a relative responsible for the healthcare of such minor patient or a competent adult who has signed and dated a declaration under penalty of perjury stating that he or she is a relative who is responsible for the healthcare of the minor patient

The following declaration applies to a person in category 5 listed above:

I _____ am a relative of _____
(print name) (print name of minor patient)

and am responsible for his or her healthcare. I declare under penalty of perjury that the foregoing is true and correct.

Signed at _____ on _____
(place) (date)

Signature

Relationship to minor patient

This declaration is effective for no more than six months from the date on which it is signed.