

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 presenting himself or herself to be a relative responsible for the healthcare of such minor patient or 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 (print name) _____ am a relative of
(print name of minor patient) _____
and am responsible for his/her healthcare. I declare under penalty of perjury that the foregoing is true and correct.

Signed at (place) _____ on (date) _____

Signature Date _____

Printed name Relationship _____

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