

**CAREGIVER AUTHORIZATION AFFIDAVIT**  
*DEKLARASYON SOU SÈMAN POU BAY MOUN OTORIZASYON POU BAY SWEN*

Massachusetts General Laws Chapter 201F  
*Lwa Jeneral Massachusetts Chapit 201F*

**1. AUTHORIZING PARTY (Parent/Guardian/Custodian)**

**MOUN K AP BAY OTORIZASYON AN** (*paran/responsab legal/moun ki gen lagad la*)

I, \_\_\_\_\_, residing at \_\_\_\_\_  
*Mwen \_\_\_\_\_, k ap viv nan \_\_\_\_\_*

am the  parent  legal guardian  legal custodian of the minor child(ren) listed below.  
*se (paran) (responsab legal) (moun ki gen lagad legal) timoun minè non li (yo) ekri anba a.*

I do hereby authorize \_\_\_\_\_, residing at \_\_\_\_\_  
*Ak deklarasyon sa a mwen otorize, \_\_\_\_\_ k ap viv nan \_\_\_\_\_*

\_\_\_\_\_ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

*pou egzèse an menm tan avè m dwa ak responsablite, eksepte sa ki anba yo se mwen sèlman ki ka egzèse yo konsènan edikasyon ak swen sante timoun minè non ak dat nesans yo se :*

_____	_____	_____	_____
name/non	date of birth/dat nesans	name/non	date of birth/dat nesans
_____	_____	_____	_____
name/non	date of birth/dat nesans	name/non	date of birth/dat nesans

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

*Moun k ap bay swen an PA gen dwa fè bagay sa yo : (Si gen nenpòt bagay espesifik ou pa vle moun k ap bay swen an fè, tanpri mete bagay sa yo la a.)*

[OPTIONAL – you can choose an alternate caregiver if you want] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver.

*[PA OBLIGATWA– ou ka chwazi yon dezyèm moun k ap bay swen si ou vle] Si moun non li anwo a pa disponib oswa li pa vle sèvi kòm moun k ap bay swen an,*

I hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_,  
as the alternate caregiver.

*Mwen nonmen \_\_\_\_\_, \_\_\_\_\_ k ap viv nan \_\_\_\_\_,  
kòm dezyèm moun k ap bay swen an.*

The following statements are true: (*Please read*)  
*Deklarasyon sa yo se verite : (Tanpri li)*

- There are no court orders in effect that would prohibit me from exercising or conferring

the rights and responsibilities that I wish to confer upon the caregiver. *(If you are the legal guardian or custodian, attach the court order appointing you.)*

*Pa gen okenn lòd tribinal an plas ki t ap entèdi mwen egzèse oswa bay dwa ak responsablite mwen ta renmen bay moun k ap bay swen an. (Si ou se responsab legal oswa se ou ki gen lagad timoun nan, atache a dokiman sa lòd tribinal ki nonmen ou a.)*

- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.

*Mwen p ap itilize deklarasyon sou sèman sa a pou kontoune okenn lwa eta oswa lwa federal, pou li ka ale nan yon lekòl patikilye, oswa pou rebay yon moun k ap bay swen dwa yo te retire nan men li nan yon tribinal.*

- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.

*Mwen bay dwa ak responsablite sa yo libelibè epi ak tout konesans mwen pou pran swen timoun nan (yo) epi se pa paske okenn moun oswa ajans te mete presyon sou mwen, menase mwen, oswa peye mwen.*

- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.

*Mwen konprann, si mwen chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la.*

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.

*Si mwen pa disponib, yo pral konsidere timoun minè non yo anwo a ap viv ak moun k ap bay swen non li nonmen nan dokiman sa a.*

This document shall remain in effect until \_\_\_\_\_ *(not more than two years from the date I sign it)* or until I notify the caregiver in writing that I have amended or revoked it.

*Dokiman sa a ap rete an vigè jiska \_\_\_\_\_ (pa plis pase de zan apre dat ou siyen li an) oswa jiskaskè mwen ekri ajan an yon lèt pou di li mwen te fè chanjman ladan l oswa m te anile lè.*

I hereby affirm that the above statements are true, under pains and penalties of perjury.

*Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.*

Authorizing Party Signature / *Siyati moun k ap bay otorizasyon an* : \_\_\_\_\_  
(parent/guardian/custodian) / *(paran/responsab legal/moun ki gen lagad legal)*

Printed name / *Non an ekri ak lèt yo dekole* : \_\_\_\_\_

Telephone number / *Nimewo telefòn* : \_\_\_\_\_

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE  
TEMWEN MOUN K AP BAY OTORIZASYON AN SIYEN DEVAN LI

(To be signed by persons over the age of 18 who are not the designated caregiver)  
(Se moun ki gen plis pase 18 lane epi ki pa moun k ap bay swen yo nonmen an ki ka siyen)

\_\_\_\_\_  
Witness #1 Signature / *Siyati temwen #1*

\_\_\_\_\_  
Witness #2 Signature / *Siyati temwen #2*

\_\_\_\_\_  
Printed Name/ *Ekri non ak lèt yo dekole*

\_\_\_\_\_  
Printed Name/ *Ekri non ak lèt yo dekole*

\_\_\_\_\_  
Phone Number / *Nimewo telefòn*

\_\_\_\_\_  
Phone Number / *Nimewo telefòn*

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE  
OTANTIFIKASYON SIYATI MOUN K AP BAY OTORIZASYON AN

Commonwealth of Massachusetts

\_\_\_\_\_, ss

On this date, \_\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: \_\_\_\_\_

Printed name of notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

4. CAREGIVER ACKNOWLEDGMENT (To be completed and signed by the caregiver)  
REKONESANS MOUN K AP BAY SWEN AN (Pou moun k ap bay swen an ranpli epi siyen)

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) will reside with me at \_\_\_\_\_.

*Mwen, \_\_\_\_\_, gen omwen 18 lane epi Timoun non li (yo) anwo a pral viv ak mwen .*

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.

*Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.*

I understand that I may, without obtaining further consent from a parent, legal custodian

or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

*Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).*

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

*Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.*

I hereby affirm that the above statements are true, under pains and penalties of perjury.

*Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.*

Signature of caregiver / *Siyati moun k ap bay swen an* : \_\_\_\_\_

Printed name / *Non an ekri ak lèt yo dekole* : \_\_\_\_\_

Telephone Number / *Nimewo telefòn* : \_\_\_\_\_

Dat / *dat* : \_\_\_\_\_

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the alternate caregiver, if you choose one*)

REKONESANS DEZYÈM MOUN K AP BAY SWEN (*Pou dezyèm moun k ap bay swen an ranpli ak siyen, si ou chwazi youn*)

I, \_\_\_\_\_, am at least 18 years of age and the above child(ren) will reside with me at \_\_\_\_\_.

*Mwen, \_\_\_\_\_, gen omwen 18 lane epi Timoun non li (yo) anwo a pral viv ak mwen \_\_\_\_\_.*

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.

*Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.*

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative

to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.

*Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).*

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

*Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.*

I hereby affirm that the above statements are true, under pains and penalties of perjury.

*Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.*

Signature of caregiver / *Siyati moun k ap bay swen an* : \_\_\_\_\_

Printed name / *Non an ekri ak lèt yo dekole* : \_\_\_\_\_

Telephone Number / *Nimewo telefòn* : \_\_\_\_\_

Dat / *Dat* : \_\_\_\_\_