

**AFFIDAVIT OF CAREGIVER CONSENT
FOR MINOR'S HEALTH CARE**

Pursuant to section 577-28 of the Hawai'i Revised Statutes, this Affidavit of Caregiver Consent authorizes the below-named Caregiver to consent on behalf of the below-named Minor to primary and preventative medical and dental care and diagnostic testing, and other medically necessary health care and treatment, which examination and treatment shall be prescribed by or under the supervision of a physician, advanced practice nurse, dentist, or mental health professional licensed to practice in the State of Hawai'i.

I. Minor's Information:

Name of Minor: _____ Date of birth: _____

II. Relationship of Caregiver to Minor: (please check one)

Caregiver is related by blood, marriage, or adoption to the minor, including a person who is entitled to an award of custody pursuant to section HRS 571-46(2), but is not the legal custodian or guardian of the minor; **OR**

Caregiver has resided with the Minor continuously during the immediately preceding period of six months or more.

III. Parental Notification: (please check one)

I have advised the parent(s) or other person(s) having legal custody of the minor at this time of my intent to authorize medical care, and have received no objection, **OR**

I am unable to contact the parent(s) or other person(s) having legal custody of the minor at this time, to notify them of my intended authorization and or to obtain their signature on this affidavit.

Unless signed below by Minor's parent, guardian or legal custodian below, Caregiver has attempted but has been unable to obtain the signature of the Minor's parents or legal custodian to this document.

IV. Caregiver's Information:

Name of Caregiver: _____ Date of birth: _____

Current home address: _____

Government issued identification number: _____

I declare under penalty of perjury under the laws of the State of Hawai'i that the foregoing information is true and correct.

Signature of Caregiver

Dated: _____

