

STATE OF LOUISIANA

PARISH OF \_\_\_\_\_

Non-legal Custodian's Affidavit

Use of this affidavit is authorized by R.S. 9:975.

**Instructions:** Completion of items 1 through 4 and the signing of the affidavit are sufficient to authorize educational services and school-related medical services for the named child. Completion of items 5 through 8 is additionally required to authorize any other medical services. Please print clearly or type.

The child named below lives in my home and I am at least 18 years of age.

1. Name of child: \_\_\_\_\_

2. Child's date of birth: \_\_\_\_\_

3. Name of adult giving authorization: \_\_\_\_\_

4. Adult's home address: \_\_\_\_\_

5. ☐ I am a non-legal custodian.

6. Check one or both (for example, if one parent was advised and the other cannot be located):

☐ I have advised the parent(s) or legal custodian(s) of the child of my intent to authorize the rendering of educational or medical services, and have received no objections.

☐ I am unable to contact the parent(s) or legal custodian(s) of the child at this time to notify them of my intended authorization.

7. Adult's date of birth: \_\_\_\_\_

8. Adult's Louisiana driver's license or identification card number: \_\_\_\_\_

**WARNING: Do not sign this form if any of the above statements are incorrect, or you will be committing a crime punishable by fine, imprisonment, or both.**

**I declare under penalty of perjury under the laws of Louisiana that the above statements are true and correct.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICES:**

1. This declaration does not affect the rights of the child's parent or legal guardian regarding the care, custody, and control of the child, and does not mean that the non-legal custodian has legal custody of the child.
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
3. This affidavit is not valid for more than one year from the date on which it was executed.

**ADDITIONAL INFORMATION:**

**TO NON-LEGAL CUSTODIANS:**

1. If the child stops living with you, you are required to notify anyone to whom you have given this affidavit as well as anyone of whom you have actual knowledge who received the affidavit from a third party.
2. If you do not have the information in item 8 (Louisiana driver's license or identification card), you must provide another form of identification, such as a social security card.

**TO SCHOOL OFFICIALS:**

The school district may require additional reasonable evidence that the non-legal custodian lives at the address provided in item 4, such as a recent bill.

**TO HEALTH CARE PROVIDERS AND HEALTH CARE SERVICE PLANS:**

1. No person who acts in good faith reliance upon a non-legal custodian's affidavit to render educational or medical services, without actual knowledge of facts contrary to those stated in the affidavit, is subject to criminal prosecution or civil liability to any person, or subject to any professional disciplinary action, for such reliance if the applicable portions of the form are completed.
2. This affidavit does not confer dependency for health care coverage purposes.

Sworn to and subscribed before me, NOTARY PUBLIC, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ at \_\_\_\_\_, Louisiana.

\_\_\_\_\_  
Name of Notary Public: