



**Kinship Caregiver’s Declaration of
Responsibility for a Minor’s Health Care**

Use of this declaration is authorized by RCW 7.70.065.

I DECLARE THAT:

Minors’ information:

- 1.) I consent to health care for the child: _____
(print name of child)
- 2.) The child’s date of birth is: _____.

Caregiver’s information:

- 3.) My name is _____
(print your name)
- 4.) My home address is: _____

- 5.) I am 18 years of age or older and I am a relative responsible for the health care of the minor.
- 6.) My date of birth is: _____.
- 7.) I am the _____ of the minor.
(print your relationship to the child, e.g. grandparent, aunt/uncle, etc.)

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

Date: _____ City and State: _____

Signature of Caregiver: _____

**This Declaration is ONLY Valid for six months from the date listed here.*

This declaration does not affect the rights of the minor’s parents or legal guardian regarding the care, custody, and control of the minor and does not mean that the caregiver has legal custody of the minor. It also does not affect the rights of the minor to consent to his/her own medical care where authorized by law. A person who relies on this Declaration has no obligation to make further investigation or inquiry of beyond what is said on the Declaration form if the provider does not have actual notice of the falsity of the statements made in the Declaration. A health care provider may, but is not required to, request additional documentation of a person’s claimed status of being a relative responsible for the health care of the minors patient. This Declaration is only valid six months from the date above. If necessary, a caregiver may sign a new declaration after it expiration.

A health care provider or health care facility where serves are rendered shall be immune from suite in any action, civil or criminal, or from professional or other disciplinary action, when a health care provider or health care facility relies upon a declaration signed under penalty of perjury pursuant to RCW 9A.72.085 stating that the adult person is a relative responsible for the health care of the minor patient. RCW 7.70.065(2)(d).