

FORM B: KINSHIP CARE FOR MINOR

Declaration of Relative / Kinship Responsibility for a Minor's Health Care

This form is NOT to be completed by caretakers with temporary responsibilities while parents/legal guardians are at work, on vacation, or are otherwise able to provide consent or delegate health care decisions.

Declaration

- I am 18 years of age or older and am competent to make this declaration.
- I am responsible for the health care of the minor child.
- I am a relative of the following minor child by blood, adoption, or marriage.
- I understand this declaration does not change the parent/legal guardian's custody rights, or the minor's rights to consent for their own care when authorized by law.

I CONSENT FOR THE HEALTH CARE OF THIS CHILD: (Please Print)

_____/_____/_____
Child's Name (last, first, middle initial) Date of Birth (mm/dd/yyyy)

Relative's Information: (Please Print)

Name (last, first, middle initial)

Home Address, City, State, Zip

(_____) _____ Home Mobile Work
Phone Number

My relationship to this child is: Grandparent Sibling Aunt/Uncle Cousin

Other, please specify: _____

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

_____/_____/_____
Relative's Signature Date (mm/dd/yyyy)

City & State

This declaration is only valid for 6 months from the date it is signed and can be renewed.

Use of this declaration is authorized by RCW 7.70.065