



NEMS MRN:

NAME:

DATE OF BIRTH:

CAREGIVER'S AUTHORIZATION AFFIDAVIT 看護人授權宣誓書

Use of this affidavit is authorized by Part 1.5 (commencing with Section 6550) of Division 11 of the California Family Code.

加州家庭法 (California Family Code) 第十一章第 1.5 部份 (第 6550 節起) 授以此宣誓書之使用權。

Instructions: Completion of items 1-4 and the signing of the affidavit is sufficient to authorize enrollment of a minor in school and authorize school-related medical care. Completion of items 5-8 is additionally required to authorize any other medical care. Print clearly.

說明：請填寫第 1-4 項並簽署宣誓書以授權未成年人入學註冊及與學校有關的醫療護理。如需授權任何其它醫療護理，還需填寫第 5-8 項。請以正楷清楚書寫。

The minor named below lives in my home and I am 18 years of age or older.
以下未成年人居住於本人家中，並且本人已年滿或超過十八歲。

1. Name of minor 未成年人姓名 _____

2. Minor's birth date 未成年人的出生日期 ____ / ____ / ____

3. My name (adult giving authorization) _____
本人姓名 (成年授權人)

4. My home address _____
本人住宅地址 Address 地址

City 城市 State 州 Zip Code 郵政編碼

5. I am a grandparent, aunt, uncle, or other qualified relative of the minor (see page 2 of this form for a definition of "qualified relative").
本人是未成年人的祖父母、姑/姨、叔/伯/舅或其他合資格親屬 (請看此表格第 2 頁了解「合資格親屬」的定義)。



**NORTH EAST
MEDICAL SERVICES**
東北醫療中心

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

勾選其一或全部選項（例如：已通知其中一位家長，但未能聯繫另一位家長）：

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

我已告知該未成年人的家長或其他合法監護人我的授權醫療護理的意向，且沒有收到任何異議。

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.

我目前未能聯繫該未成年人的家長或其他合法監護人，告知他們我的授權意向。

7. My date of birth 本人的出生日期 _____ / _____ / _____

8. My California’s driver’s license or ID card number _____
本人的加州駕駛執照或身份證號碼



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

警告：如任何上述內容存在不實，請勿簽署此表格，否則會構成犯罪，您將會被判處罰款或/及監禁。

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

本人特此聲明，上述內容真實無誤，否則願受加州法律偽證罪的處罰。

Signature of Adult Caregiver
成年看護人簽名

Date
日期

Print Name of Adult Caregiver
成年看護人姓名正楷

STAFF USE ONLY: Scan the caregiver's California driver's license or ID and file into the patient's medical chart.



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Notices 通知:

1. 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.
此聲明並不影響未成年人父母或法定監護人對未成年人照顧、監護及管制的權利，也並不表示看護人擁有未成年人的合法監護權。
2. A person who relies on this affidavit has no obligation to make any further inquiry or investigation.
此宣誓書的使用人沒有義務進行任何進一步的調查。
3. This affidavit is not valid for more than one year after the date on which it is executed.
此宣誓書從執行日期開始一年內有效。

Additional Information 其它資訊:

To caregivers 適用於看護人:

1. "Qualified relative," for purposes of item 5, means a spouse, parent, stepparent, brother, sister, stepbrother, stepsister, half-brother, half-sister, uncle, aunt, niece, nephew, first cousin, or any person denoted by the prefix "grand" or "great," or the spouse of any of the persons specified in this definition, even after the marriage has been terminated by death or dissolution.
在第五項中的「合資格親屬」意指配偶、父母、繼父母、兄弟、姊妹、同父異母或同母異父的兄弟姊妹、叔/伯/舅、姑/姨、侄子/姪女、外甥/外甥女、第一代堂/表兄弟姊妹、或以“祖”或“太”輩作稱呼的任何人士，或在此定義中提及的任何人士的配偶，包括婚姻關係已終止（因死亡或離異）的前配偶。
2. The law may require you, if you are not a relative or a currently licensed foster parent, to obtain a foster home license in order to care for a minor. If you have any questions, please contact your local department of social services.
如果您不是親屬或合法寄養父母，法律可能將要求您持有寄養家庭許可證才可照顧該未成年人。如果您有任何疑問，請聯繫當地的社會服務部門。
3. If the minor stops living with you, you are required to notify any school, health care provider, or health care service plan to which you have given this affidavit.
如果未成年人不再與您同住，您必須通知收過此宣誓書的任何學校、醫療提供者或醫療服務計劃。
4. If you do not have the information requested in item 8 (California driver's license or I.D.), provide another form of identification such as your social security number or Medi-Cal number.
如果您沒有第八項要求的證明文件（加州駕駛執照或身份證號碼），請提交其它證明文件，如社會安全號碼或加州醫療補助計劃 (Medi-Cal) /白卡號碼。

To school officials 適用於學校管理人員:

1. Section 48204 of the Education Code provides that this affidavit constitutes a sufficient basis for a determination of residency of the minor, without the requirement of a guardianship or other custody order, unless the school district determines from actual facts that the minor is not living with the caregiver.
根據《教育法》第 48204 條規定，本宣誓書可作為判定未成年人的居住資格的充分依據，無需監護或其它監護令，除非校方根據實際情況確定未成年人並未與看護人同住。



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2. The school district may require additional reasonable evidence that the caregiver lives at the address provided in item 4.

校方可能會要求提供其它合理的證據，證明看護人居住在第四項中提供的地址。

To health care providers and health care service plans 適用於提供服務的醫護人員或醫療保健服務計劃:

1. No person who acts in good faith reliance upon a caregiver's authorization affidavit to provide medical or dental care, without actual knowledge of facts contrary to those stated on the affidavit, is subject to criminal liability or to civil liability to any person, or is subject to professional disciplinary action, for such reliance if the applicable portions of the form are completed.

如果完成了填寫此表格的適用部份，所有人士在不知道有違反此授權書內容的事實存在的情況下，基於誠信原則依據授權書提供醫療或牙科護理服務，均不必承擔任何刑事、民事的賠償責任，或受到專業的紀律處分。

2. This affidavit does not confer dependency for health care coverage purposes.

此授權書並不代表該未成年人因醫療保險原因而會自動轉為受撫養人。

North East Medical Services (NEMS) complies with applicable Federal civil rights laws and does not differentiate, exclude, or discriminate against any individual on the basis of race, color, creed, religion (e.g., religious dress and grooming practices), age (e.g., those over 40), sex/gender (e.g., sex characteristics, intersex traits, pregnancy, childbirth, breastfeeding and/or related medical conditions), gender identity, gender expression, sexual orientation, sex stereotypes, marital status, medical condition (e.g., genetic characteristics, cancer or a record or history of cancer), military or veteran status, national origin (e.g., limited English proficiency, language use and possession of a driver's license issued to persons unable to prove their presence in the United States is authorized under federal law), ancestry, disability (e.g., mental and physical, including HIV/AIDS, cancer, and genetic characteristics), genetic information, retaliation for reporting patient abuse in tax-supported institutions, enrollment in a Health Benefit Plan, state of health, need for health services, status as a litigant, status of a Medicare or Medicaid beneficiary, source of payment for care, or any other basis prohibited by law.

NEMS:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (e.g., large print, audio, accessible electronic formats, other formats).
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact NEMS Member Services Department at 415-391-9686 ext. 8160.

How to file a grievance with NEMS

If you believe that NEMS has failed to provide these services or discriminated in another way based on any of the characteristics listed above, you can file a grievance with NEMS Member Services. If you need help filing a grievance, NEMS Member Services Department is available to help you.

- **By phone:** Call 415-391-9686 ext. 8160
- **By mail:** Call us at 415-391-9686 ext. 8160 and ask to have a form sent to you.
- **In Person:** Visit the NEMS Member Services Department.

You may also contact the NEMS Civil Rights Coordinator

Attn: NEMS Section 1557 Coordinator
North East Medical Services
1520 Stockton Street
San Francisco, CA 94133
NEMSSection1557@nems.org

How to file a grievance with U.S. Department of Health and Human Services, Office of Civil Rights

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- **By phone:** Call 1-800-368-1019 (TTY 711 or 1-800-537-7697)
- **By mail:** Fill out a complaint form or send a letter to:
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
- **Online:** Visit the Office of Civil Rights Complaint Portal at:
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

This notice is available at: nems.org

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) o hable con su proveedor.

Chinese 注意: 如果您說中文，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 或與您的提供者討論。

Vietnamese LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 415-391-9686 ext. 8160 (Người khuyết tật: 1-800-735-2929) hoặc trao đổi với người cung cấp dịch vụ của bạn."

Korean 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 415-391-9686 ext. 8160 (TTY: 1-800-735-2929)번으로 전화하거나 서비스 제공업체에 문의하십시오."

Persian توجه: کمک رایگان خدمات، کنیومی صحبت فارسی زبان به اگر ارائه برای مناسب کمکی خدمات و ها کمک همچنین، شماست دسترس در زبانی با است دسترس در رایگان صورت به دسترس قابل های قالب در اطلاعات تماس (415-391-9686 داخلی 8160 (TTY: 1-800-735-2929) کتید صحبت خود دهنده ارائه یا بگیرد.

Japanese 注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。415-391-9686 ext. 8160 (TTY: 1-800-735-2929)までお電話ください。または、ご利用の事業者にご相談ください。

Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները Նույնպես տրամադրվում են անվճար: Չանգահարեք 415-391-9686 ext. 8160 հեռախոսահամարով (TTY` 1-800-735-2929) կամ խոսեք Ձեր մատակարարի հետ:

Arabic تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجاناً. اتصل على الرقم 415-391-9686 ext. 8160 (1-800-735-2929) أو تحدث إلى مقدم الخدمة."

Thai หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) หรือปรึกษาผู้ให้บริการของคุณ"

Tagalog PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga librenang serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyong upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) o makipag-usap sa iyong provider.

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਮੁਫਤ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।"

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) पर कॉल करें या अपने प्रदाता से बात करें।"

Hmong LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkaug cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob."

Khmer សូមកម្មវត្តមាន: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយភាសាភាគតិចត្រូវតែមានសម្រាប់អ្នក។ ជំនួយនិងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបានដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។"

Russian ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 415-391-9686 ext. 8160 (TTY: 1-800-735-2929) или обратитесь к своему поставщику услуг.