Paj enfòmasyon enpòtan timoun nan

- ranpli youn pou chak timoun –

-

Enfòmasyon enpòtan timoun nan

Dokiman sa a gen enfòmasyon enpòtan sou pitit ou a. Ou dwe bay moun ki pral pran swen pitit ou a li, oswa kenbe li ak dokiman enpòtan ou yo. Ou dwe ranpli youn pou chak timoun.

Non timoun nan	
Dat nesans	
Non ak adrès lekòl li	
Non pwofesè li	
Enfòmasyon sou aktivite / pwogram apre lekòl	
Non doktè li	
Nimewo telefòn doktè li	
Medikaman	
Alèji	
Pwoblèm sante	
Asirans sante	

Fanmi ak nimewo ou ka rele si gen yon ijans	
Enfòmasyon sou paran 1	Non : Nimewo telefòn : Adrès :
Enfòmasyon sou paran 2	Non : Nimewo telefòn : Adrès :
Lòt moun ou ka rele si gen yon ijans : _____	Non : Nimewo telefòn : Adrès : Sa li ye pou timoun nan (granpapa, matant, zanmi fanmi an) :
Lòt moun ou ka rele si gen yon ijans : _____	Non : Nimewo telefòn : Adrès : Sa li ye pou timoun nan (granpapa, matant, zanmi fanmi an) :
Lòt moun ou ka rele si gen yon ijans : _____	Non : Nimewo telefòn : Adrès : Sa li ye pou timoun nan (granpapa, matant, zanmi fanmi an) :

Nenpòt lòt enfòmasyon oswa mesaj enpòtan pou moun k ap bay swen an :	

Dokiman sa a bay yon moun dwa pou pran desisyon konsènan lekòl ak swen sante pitit ou (yo). Li ka dire jiska 2 zan.

CAREGIVER AUTHORIZATION AFFIDAVIT

DEKLARASYON SOU SÈMAN POU BAY MOUN OTORIZASYON POU BAY SWEN

Massachusetts General Laws Chapter 201F
Lwa Jeneral Massachusetts Chapit 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

MOUN K AP BAY OTORIZASYON AN (paran/responsab legal/moun ki gen lagad la)

I, Paran, residing at 123 Main Street, Boston, MA 01234,

Mwen , k ap viv nan

am the parent/legal guardian/legal custodian (circle one) of the minor child(ren) listed below.

Se paran/reponsab legal/moun ki gen lagad legal (ansèkle youn) timoun minè non li (yo) endike anba a.

I do hereby authorize Jessica Jones, residing at

Ak deklarasyon sa a mwen otorize, k ap viv nan

321 Main Street, Boston, MA 04321 to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:

Ekri non ak adrès moun ou vle pou pran swen pitit ou a (yo). Moun sa a rele « moun k ap bay swen an. » Moun sa a ka pran desizyon sou lekòl ak swen sante pitit ou (yo).

pou egzèse an menm tan avè m dwa ak responsablite, eksepte sa ki anba yo se mwen sèlman ki ka egzèse yo konsènan edikasyon ak swen sante timoun minè non ak dat nesans yo se :

Name/non	Date of Birth/Dat nesans
Pitit #1	01/01/2010

Name/non	Date of Birth/Dat nesans
Pitit #2	01/01/2007

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.)

Moun k ap bay swen an PA gen dwa fè bagay sa yo : (Si gen nenpòt bagay espesifik ou pa vle moun k ap bay swen an fè, tanpri mete bagay sa yo la a.)

(pa egzanp) moun k ap bay swen an pa ka chanje lekòl pitit mwen.

Ekri nenpòt bagay ou pa vle moun k ap bay swen an fè.

[OPTIONAL – you can choose an alternate caregiver if you want] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver.

[PA OBLIGATWA– ou ka chwazi yon dezyèm moun k ap bay swen si ou vle] Si moun non li anwo a pa disponib oswa li pa vle sèvi kòm moun k ap bay swen an,.

I hereby appoint John Smith, residing at 1234 Center Street, Boston, MA 01234, as the alternate caregiver.

Mwen nonmen , k ap viv nan ,
kòm dezyèm moun k ap bay swen an.

Si moun ou chwazi pou bay swen an pa ka ede, ou ka chwazi yon dezyèm moun si ou vle. Ekri non ak adrès yo la a.

The following statements are true: (*Please read*)
Deklarasyon sa yo se verite : (Tanpri li)

- There are no court orders in effect that would prohibit me from exercising or conferring the rights and responsibilities that I wish to confer upon the caregiver. *(If you are the legal guardian or custodian, attach the court order appointing you.)*
  Pa gen okenn lòd tribinal an plas ki t ap entèdi mwen egzèse oswa bay dwa ak responsablite mwen ta renmen bay moun k ap bay swen an. (Si ou se responsab legal oswa se ou ki gen lagad timoun nan, atache a dokiman sa lòd tribinal ki nonmen ou a.)

- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
  Mwen p ap itilize deklarasyon sou sèman sa a pou kontoune okenn lwa eta oswa lwa federal, pou li ka ale nan yon lekòl patikilye, oswa pou rebay yon moun k ap bay swen dwa yo te retire nan men li nan yon tribinal.

- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
  Mwen bay dwa ak responsablite sa yo libelibè epi ak tout konesans mwen pou pran swen timoun nan (yo) epi se pa paske okenn moun oswa ajans te mete presyon sou mwen, menase mwen, oswa peye mwen.

- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.
  Mwen konprann, si mwen chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la.

Kisa sa vle di ?
- Pa gen okenn tribinal ki te di ou pa ka pran desizyon pou pitit ou.
- Ou p ap ranpli fòm sa a pou pitit ou ka ale nan yon lekòl diferan, oswa pou bay yon moun k ap bay swen tribinal la te retire yo nan men li dwa
- Pa gen okenn moun k ap fòse ou siyen fòm sa a
- Si ou chanje fòm sa a oswa anile otorizasyon an, ou pral bay tout moun ki gen yon kopi yon nouvo fòm.

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver

Si mwen pa disponib, yo pral konsidere timoun minè non yo anwo a ap viv ak moun k ap bay swen non li nonmen nan dokiman sa a.

Moun k ap bay swen an gen dwa pou pran desizyon konsènan pitit ou sèlman si ou pa disponib.

This document shall remain in effect until 01/01/2019 ~~*(not more than two years from date of signing)*~~ or until I notify the caregiver in writing that I have amended or revoked it.
Dokiman sa a ap rete an vigè jiska (pa plis pase de zan apre dat ou siyen li an) oswa jiskaske mwen ekri ajan an yon lèt pou di li mwen te chanje oswa anile li.

Se ou ki gen dwa deside konbyen tan dokiman an valid - li pa ka pou plis pase 2 zan

I hereby affirm that the above statements are true, under pains and penalties of perjury.

Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Atansyon ! W ap bezwen siyen dokiman an devan yon notè piblik

Authorizing Party Signature / *Siyati moun k ap bay otorizasyon an :*

Paran

Printed name / *Ekri non an ak lèt yo dekole :* Paran

Telephone number / *Nimewo telefòn :* 617-555-5555

Mete inisyal ou nan chak paj

Form Version 11/28/2017

Initials _____

1. WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated caregiver)

Witness #1
Witness #1 Signature / *Siyati temwen #1*

Witness #1
Printed Name/ *Ekri non ak lèt yo dekole*

617-555-5556
Phone Number / *Nimewo telefòn*

Witness #2
Witness #2 Signature / *Siyati temwen #2*

Witness #2
Printed Name/ *Ekri non ak lèt yo*

617-555-5557
Phone Number / *Nimewo telefòn*

Atansyon ! De moun majè dwe sèvi kòm temwen lè w ap siyen dokiman epi siyen li la - nou tout dwe siyen devan yon notè piblik. De moun majè yo pa ka moun k ap bay swen an ak dezyèm moun ou chwazi kòm moun k ap bay swen an.

.

2. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

OTANTIFIKASYON SIYATI MOUN K AP BAY OTORIZASYON AN

Commonwealth of Massachusetts

_____, ss

On this date,_____, before me, the undersigned notary public, personally appeared, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Ou menm ak de moun majè yo ap bezwen siyen dokiman an devan yon notè piblik. N ap bezwen montre notè a yon pyès idantite tankou yon paspò oswa lisans.

Signature and seal of notary: _____
Printed name of notary: _____
My commission expires: _____

3. CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the caregiver*)

I, Jessica Jones, am at least 18 years of age and the above child(ren) will reside with me at 123 Main Street, Boston, MA 01234.
Mwen, *, gen omwen 18 lane epi*
Timoun non li (yo) anwo a pral viv ak mwen .

Ekri non ak adrès moun k ap bay swen an.

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.
Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.
Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

Moun k ap bay swen an konnen dokiman sa a ba li dwa pou pran desizyon sou lekòl ak swen sante pitit ou yo, lè pitit ou yo ap viv ak li. Li pa ka deside yon bagay li konnen ou pa t ap dakò. Si ou chanje oswa ou anile akò sa a, moun k ap bay swen an ap bay tout moun kopi.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Signature of caregiver / *Siyati moun k ap bay swen an :* Jessica Jones

Printed name / *Non an ekri ak lèt yo dekole :* Jessica Jones

Telephone Number / *Nimewo telefòn :* 617-555-5558

Dat / *dat* : 06/01/2017

Moun k ap bay swen an ka siyen menm lè ak ou, oswa yon lè diferan. Moun k ap bay swen an pa bezwen siyen devan yon notè piblik non plis.

4. ALTERNATE CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the alternate caregiver, if you choose one)*
REKONESANS DEZYÈM MOUN K AP BAY SWEN (Pou dezyèm moun k ap bay swen an ranpli ak siyen, si ou chwazi youn)

Si ou chwazi yon lòt moun k ap bay swen, oka premye moun nan pa ta disponib,, ekri non ak adrès moun nan.

I, John Smith, ~~am at least 18 years of age and the above child(ren)~~ will reside with me at 1234 Center Street, Boston, MA 01234.
Mwen, , gen omwen 18 lane epi Timoun non li (yo) anwo a pral viv ak mwen

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.
Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.

Moun k ap bay swen an, oka premye moun nan pa ta disponib la, konnen dokiman sa a bay li dwa pou pran desizyon sou lekòl ak swen sante pitit ou yo, lè pitit ou yo ap viv ak li. Li pa ka deside yon bagay li konnen ou pa t ap dakò. Si ou chanje oswa ou anile akò sa a, moun k ap bay swen an ap bay tout moun kopi

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.
Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Signature of caregiver / *Siyati moun k ap bay swen an :* John Smith

Printed name / *Non an ekri ak lèt yo dekole :* John Smith

Telephone Number / *Nimewo telefòn :* 617-555-5558

Dat / *dat* : 06/01/2017

Moun k ap bay swen an ka siyen menm lè ak ou, oswa yon lè diferan. Moun k ap bay swen an pa bezwen siyen devan yon notè piblik non plis.

Initials _____

CAREGIVER AUTHORIZATION AFFIDAVIT

DEKLARASYON SOU SÈMAN POU BAY MOUN OTORIZASYON POU BAY SWEN

Massachusetts General Laws Chapter 201F
Lwa Jeneral Massachusetts Chapit 201F

1. AUTHORIZING PARTY (Parent/Guardian/Custodian)

MOUN K AP BAY OTORIZASYON AN (paran/responsab legal/moun ki gen lagad la)

I, _____, residing at _____
Mwen , k ap viv nan

am the ☐ parent ☐ legal guardian ☐ legal custodian of the minor child(ren) listed below.
se (paran) (responsab legal) (moun ki gen lagad legal) timoun minè non li (yo) ekri anba a.

I do hereby authorize _____, residing at
Ak deklarasyon sa a mwen otorize, k ap viv nan

_____ to exercise concurrently the rights and responsibilities, except those prohibited below, that I possess relative to the education and health care of the minor children whose names and dates of birth are:
pou egzèse an menm tan avè m dwa ak responsablite, eksepte sa ki anba yo se mwen sèlman ki ka egzèse yo konsènan edikasyon ak swen sante timoun minè non ak dat nesans yo se :

_____ _____
name/non date of birth/dat nesans name/non date of birth/dat nesans

_____ _____
name/non date of birth/dat nesans name/non date of birth/dat nesans

The caregiver may NOT do the following: (If there are any specific acts you do not want the caregiver to perform, please state those acts here.
Moun k ap bay swen an PA gen dwa fè bagay sa yo : (Si gen nenpòt bagay espesifik ou pa vle moun k ap bay swen an fè, tanpri mete bagay sa yo la a.)

_____
_____

[OPTIONAL – *you can choose an alternate caregiver if you want*] In the event that the above-named individual is unavailable or unwilling to serve as the caregiver.

[PA OBLIGATWA– ou ka chwazi yon dezyèm moun k ap bay swen si ou vle] Si moun non li anwo a pa disponib oswa li pa vle sèvi kòm moun k ap bay swen an,
I hereby appoint _____, residing at _____,
as the alternate caregiver.
Mwen nonmen , k ap viv nan ,
kòm dezyèm moun k ap bay swen an.

The following statements are true: (*Please read*)
Deklarasyon sa yo se verite : (Tanpri li)

- There are no court orders in effect that would prohibit me from exercising or conferring

the rights and responsibilities that I wish to confer upon the caregiver. *(If you are the legal guardian or custodian, attach the court order appointing you.)*
Pa gen okenn lòd tribinal an plas ki t ap entèdi mwen egzèse oswa bay dwa ak responsablite mwen ta renmen bay moun k ap bay swen an. (Si ou se responsab legal oswa se ou ki gen lagad timoun nan, atache a dokiman sa lòd tribinal ki nonmen ou a.)

- I am not using this affidavit to circumvent any state or federal law, for the purposes of attendance at a particular school, or to re-confer rights to a caregiver from whom those rights have been removed by a court of law.
Mwen p ap itilize deklarasyon sou sèman sa a pou kontoune okenn lwa eta oswa lwa federal, pou li ka ale nan yon lekòl patikilye, oswa pou rebay yon moun k ap bay swen dwa yo te retire nan men li nan yon tribinal.

- I confer these rights and responsibilities freely and knowingly in order to provide for the child(ren) and not as a result of pressure, threats or payments by any person or agency.
Mwen bay dwa ak responsablite sa yo libelibè epi ak tout konesans mwen pou pran swen timoun nan (yo) epi se pa paske okenn moun oswa ajans te mete presyon sou mwen, menase mwen, oswa peye mwen.

- I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit.
Mwen konprann, si mwen chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la.

Upon my unavailability, the named minor children will be deemed to be residing with the named caregiver.
Si mwen pa disponib, yo pral konsidere timoun minè non yo anwo a ap viv ak moun k ap bay swen non li nonmen nan dokiman sa a.

This document shall remain in effect until _____ *(not more than two years from the date I sign it)* or until I notify the caregiver in writing that I have amended or revoked it.
Dokiman sa a ap rete an vigè jiska (pa plis pase de zan apre dat ou siyen li an) oswa jiskaske mwen ekri ajan an yon lèt pou di li mwen te fè chanjman ladan l oswa m te anile lè.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Authorizing Party Signature / *Siyati moun k ap bay otorizasyon an :* _____
(parent/guardian/custodian) / *(paran/responsab legal/moun ki gen lagad legal)*

Printed name / *Non an ekri ak lèt yo dekole :* _____

Telephone number / *Nimewo telefòn :* _____

2. WITNESSES TO AUTHORIZING PARTY SIGNATURE
TEMWEN MOUN K AP BAY OTORIZASYON AN SIYEN DEVAN LI

(To be signed by persons over the age of 18 who are not the designated caregiver)
(Se moun ki gen plis pase 18 lane epi ki pa moun k ap bay swen yo nonmen an ki ka siyen)

Witness #1 Signature / *Siyati temwen #1*	Witness #2 Signature / *Siyati temwen #2*
Printed Name/ *Ekri non ak lèt yo dekole*	Printed Name/ *Ekri non ak lèt yo dekole*
Phone Number / *Nimewo telefòn*	Phone Number / *Nimewo telefòn*

3. NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE
OTANTIFIKASYON SIYATI MOUN K AP BAY OTORIZASYON AN

Commonwealth of Massachusetts

_____, ss

On this date, _____, before me, the undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____, to be the person whose name is signed on the preceding document, and swore under the pains and penalties of perjury that the foregoing statements are true.

Signature and seal of notary: _____
Printed name of notary: _____
My commission expires: _____

4. CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the caregiver*)
REKONESANS MOUN K AP BAY SWEN AN (Pou moun k ap bay swen an ranpli epi siyen)

I, _____, am at least 18 years of age and the above child(ren) will reside with me at _____.
Mwen, *, gen omwen 18 lane epi*
Timoun non li (yo) anwo a pral viv ak mwen

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.
Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.

I understand that I may, without obtaining further consent from a parent, legal custodian

or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.
Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Signature of caregiver / *Siyati moun k ap bay swen an :* _____

Printed name / *Non an ekri ak lèt yo dekole :* _____

Telephone Number / *Nimewo telefòn :* _____

Dat / *dat* : _____

5. ALTERNATE CAREGIVER ACKNOWLEDGMENT (*To be completed and signed by the alternate caregiver, if you choose one)*
REKONESANS DEZYÈM MOUN K AP BAY SWEN (Pou dezyèm moun k ap bay swen an ranpli ak siyen, si ou chwazi youn)

I, _____ , am at least 18 years of age and the above child(ren) will reside with me at _____.
Mwen, *, gen omwen 18 lane epi*
Timoun non li (yo) anwo a pral viv ak mwen

This document shall take effect when the child(ren) is/are residing with me. My attestation of the residence of the child(ren) shall be sufficient evidence of such and presentation of this signed document constitutes my attestation.
Dokiman sa a ap pran efè lè timoun nan (yo) ap viv ak mwen. Atestasyon mwen pou rezidans timoun nan dwe sifi kòm prèv rezidans li epi depi mwen prezante dokiman sa a ak siyati yo ladan sa reprezante atestasyon mwen.

I understand that I may, without obtaining further consent from a parent, legal custodian or legal guardian of the child(ren), exercise concurrent rights and responsibilities relative

to the education and health care of the child(ren), except those rights and responsibilities prohibited above. However, I may not knowingly make a decision that conflicts with the decision of the child(ren)'s parent, legal guardian or legal custodian.
Mwen konprann, san mwen pa bezwen jwenn plis konsantman nan men yon paran, moun ki gen lagad legal oswa responsab legal timoun nan (yo) ki ka egzèse an menm tan avè m dwa ak responsablite yo, mwen ka pran desizyon konsènan edikasyon ak swen timoun nan (yo), eksepte dwa ak responsablite yo te di mwen pa ka egzèse anwo a. Mwen, mwen pa ka kareman pran yon desizyon si mwen konnen li t ap kont desizyon paran, responsab legal oswa moun ki gen lagad legal timoun nan (yo).

I understand that, if the affidavit is amended or revoked, I must provide the amended affidavit or revocation to all parties to whom I have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.
Mwen konprann, si yo chanje oswa anile deklarasyon sou sèman an, mwen dwe bay tout moun mwen te bay deklarasyon sou sèman an yon kopi sa ki chanje a oswa dokiman ki anile l la avan m ap ka egzèse nenpòt dwa oswa responsablite mwen gen nan deklarasyon sou sèman sa a.

I hereby affirm that the above statements are true, under pains and penalties of perjury.
Mwen konfime deklarasyon yo ki anwo a se verite epi mwen rekonèt ap gen pinisyon ak sanksyon si mwen bay fo enfòmasyon.

Signature of caregiver / *Siyati moun k ap bay swen an :* _____

Printed name / *Non an ekri ak lèt yo dekole :* _____

Telephone Number / *Nimewo telefòn :* _____

Dat / *Dat* : _____