Relative Caregiver Affidavit (431.058 RSMo)

Before me, the undersigned authority, personally appeared	ound mind and am over
18 years of age. My personal information is as follows: Date of Birth: Address: Contact Information: Driver's License or Identification Card Numbers: I am competent to testify to the following facts and matters: I am a relative caregiver to	
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Address:	
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I am a relative caregiver to (nat	
of birth is My relationship to the child is	
The above named child is living with me at	
because of the following (describe the reasons why child lives with you and any attempts the advise the parent of the your intent to consent to medical treatment or educational services response of the parent):	hat you have made to s for the child, and any
 Attached is a signed and dated delegation of authority to me by the parent to consent to medical treatment. The reason why I am unable to contact the parent to advise the parent of my intent to contact treatment or educational services for the child is 	onsent to medical
Date Signature of	· Affiant
	daaf
In witness whereof I have hereunto subscribed my name and affixed my official seal this 20,	day of
	day of Notary Public