



STEP-BY-STEP FAMILY PREPAREDNESS PLAN

How immigrant families can more proactively
prepare for immigration emergencies that arise

NOVEMBER 2024

Every family should have a Family Preparedness Plan in case of an emergency. It is critical for immigrant families to think ahead and set more concrete plans for immigration emergencies that can arise. For example, this Resource Toolkit goes into detail about different childcare options available in case of an absent parent, where to find trusted immigration services in your community, and how to prepare to assert your constitutional rights in the presence of an immigration officer.

This toolkit is divided into different sections that give guidance on family preparedness planning, regardless of immigration status. It gives additional advice to undocumented and/or mixed status families.

For more immigration community resources, visit ilrc.me/resources.

NOTE

THE ILRC HAS ALSO CREATED A SHORTER, MORE CONDENSED VERSION OF THIS FAMILY PREPAREDNESS PLAN. IT CAN BE FOUND BY HEADING TO [ILRC.ME/FAMPREP](https://ilrc.me/famprep)

PART I: MAKE A CHILD CARE PLAN

It's important to have a plan so that a trusted adult can care for your child if you cannot. This plan should include emergency numbers, a list of important contact information, and a file with important documents. Whether you want your child to accompany you to your home country in the event you face deportation or wish for

continued...

your child to stay in the United States in the care of another trusted adult, you should make needed arrangements in advance. This toolkit includes information about the options, especially for California, available to create an informal or formal care arrangement for your child.

PART II: FIND OUT ABOUT YOUR IMMIGRATION OPTIONS

Discovering your legal options to obtain immigration status may be the strongest way you can protect yourself and your family. During a legal consultation with an immigration expert, they may determine your eligibility for certain immigration protections currently available. Included in this toolkit are information and resources to find good immigration legal help. The toolkit also covers who is allowed to give you legal advice and/or who can represent you in an immigration matter.

PART III: KNOW YOUR RIGHTS

Everyone—documented and undocumented—has rights in this country. Make sure you, your family members (even children), housemates, neighbors, and co-workers, know of their right to remain silent and all of their other rights. A list of these rights, and a card asserting these rights, are included in this toolkit.

PART IV: ADDENDUMS

At the end of this toolkit, we include additional documents, checklists, and other materials that will assist you in your family preparedness planning.

continued...

PART I: MAKE A CHILDCARE PLAN

DECIDE WHAT KIND OF A CHILD CARE PLAN YOU WANT TO PUT IN PLACE

There are various ways to plan for another adult to care for your child if you are unable to do so. Some of the options, especially for California are:

1. **Verbal Agreement:** The most informal arrangement is to let another adult know of your wishes for your child and to **verbally agree with them that they will carry out your wishes to care for your child if you cannot.** The benefit of this is that it is informal and easy – you do not need to complete any forms or legal documents, and such an agreement will not affect your parental rights. The downside of this informal arrangement is that your chosen caregiver will not have legal authority to make medical or school-related decisions on behalf of your child, which would be problematic if you were deported and unable to care for your child for an extended period of time.
2. **Caregiver’s Authorization Affidavit (“CAA”):** The next option **in California** is to not only get another adult’s verbal agreement to care for your child in the event you are unable to, but to have that adult complete a **Caregiver’s Authorization Affidavit (“CAA”)**, which allows them to make certain school and medical decisions on behalf of your child. The benefit of this approach is that the CAA can be given to your child’s school or health care provider so that your chosen caregiver can make certain decisions for the child, and it does not affect your parental rights (you still have custody and control of your child). More information about the CAA and a form you can use are included in Part IV of this toolkit. **Please note: the included Caregiver’s Authorization Affidavit can only be used in California.**
3. **Guardianship:** The most formal arrangement is to **have a court appoint a guardian for your child.** The benefit of guardianship is that once someone has been appointed as a guardian by a California Probate Court, that person has full legal

continued...

and physical custody of your child, meaning they can make decisions on behalf of your child. **Please note: When a guardian is appointed, this does not terminate parental rights, but it does suspend them while the guardianship is in place.** The drawback of guardianship is that it must be terminated by the Probate Court in order to get your parental rights back. Please note you must file a petition in the Probate Court requesting the court to terminate the guardianship and it is up to the Judge to decide on what the best option for your child is.

Keep in mind that in California you cannot grant another person guardianship of your child informally or through a power of attorney - only a state court can do that. However, you can prepare a Form GC-211 to nominate a specific person to be the guardian of your child. The court will then consider Form GC-211 if and when a guardianship petition is filed. You can also make the nomination conditional upon your detention and/or deportation by completing an attachment to the form GC-211 that specifies when the nomination will be effective. Nominating someone else to have legal custody of your child is a serious decision; please connect with a trusted legal services provider to get more information.

A NOTE ON POWER OF ATTORNEY

A power of attorney is a written document that you can sign to grant another person the authority to act on your behalf in specified ways. For example, a power of attorney may be used to designate another person to handle your finances, make business decisions, use your money to pay your rent or mortgage, use your money to provide for your child, and other similar actions.

In California, we do not recommend that a power of attorney be used to designate another person to care for your child. While a power of attorney may be a good option in other states, in California, it cannot be used to transfer custody of your children to another person (only a state court can do that). It may be possible to use a power

continued...

of attorney to grant someone else the authority to make medical and educational decisions on behalf of your child, but in California completing the Caregiver's Authorization Affidavit is a simpler and less costly way to do the same thing.

WRITE DOWN INSTRUCTIONS IF YOUR CHILD HAS ANY MEDICAL CONDITIONS AND/OR TAKES ANY MEDICATIONS

Make sure to write down any medical conditions or allergies your child has, any medications that your child takes, as well as doctor and health insurance information. Keep a copy of this information in your important documents file. Give a copy to your child's school and the adult you designate to care for your child. Let your child know where to find this information if you are not around.

MAKE SURE YOUR CHILDREN ALL HAVE PASSPORTS

If your child was born in the United States, visit www.travel.state.gov for more information on obtaining a U.S. passport. If your child was born in a different country, check with the embassy or consulate for more information on obtaining a passport.

INFORM YOUR FAMILY AND EMERGENCY CONTACTS ABOUT HOW TO FIND YOU IF YOU ARE DETAINED BY ICE

Family members can use the ICE detainee locator: <https://locator.ice.gov/odls/#/search> to find someone in ICE custody. Be sure your family and emergency contacts have a copy of your A-Number (your registration number found on your immigration documents from ICE), if you have one.

TALK TO YOUR FAMILY ABOUT YOUR PLAN

Without worrying them, assure your children that they will be taken care of if for some reason you are unable to care for them, even for a short time. Let them know who will care for them until you can.

continued...

PART II: FIND OUT ABOUT YOUR IMMIGRATION OPTIONS

WHERE TO FIND A TRUSTED LEGAL SERVICES PROVIDER IN YOUR AREA:

Getting a proper legal consultation from a trusted expert is crucial in family preparedness planning since they can better determine if you are currently eligible for any immigration benefit. The Immigration Advocates Network National Immigration Legal Services Directory lists nonprofit organizations that provide free or low-cost immigration legal services: ilrc.me/findhelp

UNDERSTAND WHO CAN GIVE IMMIGRATION ADVICE

The best way to avoid fraud in legal representation is to look for legal services providers that meet certain requirements. This can be hard if you are unsure of where to begin the search or what kinds of duties a legal representative traditionally provides for their clients. **There are two categories of people who can give legal advice in an immigration case:**

- **Attorneys:** To practice immigration law, which is federal law, an attorney can be licensed in any state but must have a valid license and be ‘in good standing’ with the bar association. Attorneys can give legal advice, help file immigration petitions and requests, and represent individuals in court proceedings before an immigration judge. You can verify an attorney’s credentials with the state bar in the state where they are licensed. The Department of Justice also keeps a list of attorneys who are no longer able to practice: <https://www.justice.gov/eoir/list-of-currently-disciplined-practitioners>.
- **Department of Justice (DOJ) accredited representatives:** A DOJ accredited representative is a non-attorney who has been certified by the DOJ to work on immigration matters. The person must be affiliated with a non-profit that is recognized by the DOJ. An accredited representative can give legal advice, file immigration applications, and, if fully accredited, represent clients in immigration proceedings.

continued...

WHAT TO EXPECT FROM A LEGAL REPRESENTATIVE

A legal services provider has the duty of representing each client to the best of their abilities. **These are some best practices you should expect from a legal services provider:**

- **Sign a contract:** You should be provided with a written contract which outlines the services to be provided and what fee (if any) will be charged.
- **Be informed about your case:** A legal services provider should keep you informed about the progress and status of your case. They should explain the immigration benefit you qualify for, the application process, and answer any questions you have.
- **Copies of all documents:** A legal services provider should give you a copy of all documents submitted on your behalf as well as copies of any receipt notices sent by the government. They should never refuse to give you a copy of these documents or your file. In most cases, an attorney should not charge you to get a copy of your file unless you agreed to pay for photocopies in your original agreement.

PART III: KNOW YOUR RIGHTS

Everyone - both documented and undocumented persons - has rights in this country.

Talk to everyone in your family (including children) and household to make sure they all know what to do if approached by immigration officials (ICE) or if immigration officials (ICE) come to your house.

ICE AT YOUR DOOR. WHAT DO YOU DO?

- **Do not open the door for ICE or any police officer without a signed warrant.** You do not need to open the door unless an ICE agent can show you a warrant signed by a judge with your specific and correct name and address on it. If ICE knocks on your door, ask them to slide the search warrant under the door or

continued...

show it through a window. Make sure the warrant is signed by a judge and has your address on it. If ICE or the police do not have this, then you do not have to open the door. **Once you open the door, you lose certain rights.**

► **Keep a Know Your Rights red card on you and by your door at all times.**

The red card explains your rights and that you do not have to open the door. You can slide it under the door to ICE, show it to ICE, or read the English side of the card to ICE. Have your children and other family members practice showing it or sliding it under the door. You can find print-at-home red cards in 14 languages at ilrc.org/red-cards.



TALKING TO ICE. WHAT DO YOU DO?

► **You have the right to remain silent and can refuse to answer ICE's questions.**

Say that you want to remain silent until you speak with a lawyer. Do not answer any questions, especially about your birthplace, immigration status, or how you entered the United States. Do not give them any personal information about yourself or anyone in your family. Have your children and others in your family and household practice saying “No” to ICE.

► **You have the right to refuse to sign anything before you talk to a lawyer.** Do not sign anything you do not understand and agree with. That could eliminate your right to speak with a lawyer or have a hearing in front of an immigration judge. This may result in you being deported immediately without a hearing. If you wish to remain in the United States, ask to go before the immigration judge.

► **You have the right to speak to a lawyer and the right to make a phone call.** Make sure to memorize or carry the phone numbers of the person you will call in an

continued...

emergency. Ideally, this person would be someone who can put your plans and wishes into place, call your immigration attorney, and access your important documents.

OTHER RESOURCES

Your Country's Consulate: Have the contact information for your country's nearest consulate. Many consulates have an emergency number for cases where you need immediate assistance. Have that number written down in case ICE detains you.

Know Your Rights Materials and Other Resources: There are many resources available to teach you about your rights. Below are just a few places to start looking if you want to learn more about immigration law:

- **Immigrant Legal Resource Center (ILRC):**
 - ilrc.me/resources for Community Explainers
 - ilrc.me/protect for our Know Your Rights Toolkit
- **Informed Immigrant:** informedimmigrant.com
- **National Immigration Law Center (NILC):** nilc.org
- **Immigrants Rising:** immigrantsrising.org

DOCUMENTS YOU SHOULD AND SHOULD NOT CARRY WITH YOU:

- Carry a valid work permit or green card, if you have one. If you do not have one, generally it is advisable to carry a municipal ID, state ID, or driver's license if it was issued in the United States and contains no information at all about your immigration status or your country of origin. Ask a local immigration advocate about what kind of documents are safe to carry in your area.

NOTE

IF YOU ENCOUNTER ICE, REMAIN CALM AND DO NOT TRY TO RUN AWAY. IF YOU DO, ICE OR THE POLICE MAY USE THAT AGAINST YOU.

continued...

- Carry a red card to exercise your right to remain silent in case you are stopped or interrogated by ICE or police officers.
- Carry the telephone number of someone who can put your plans and wishes into place, call your immigration attorney, and access your important documents in an emergency.
- Do not carry any documentation about your country of origin.
- Do not carry any false identity documents or false immigration documents.

PART IV: ADDENDUMS

CAREGIVER'S AUTHORIZATION AFFIDAVIT (CAA) INSTRUCTIONS

Please note: the Caregiver's Authorization Affidavit is for use **in California only**.

WHO COMPLETES AND SIGNS THE CAREGIVER'S AUTHORIZATION AFFIDAVIT (CAA)?

The person who will be acting as your child's caretaker completes and signs the CAA.

The parent does not need to sign the CAA. It is a good idea to have the person you want to care for your child fill out the CAA in advance, but they should not sign or date it unless or until they need to use it.

USING THE CAA, WHO CAN SERVE AS A CAREGIVER?

Any person, relative or non-relative, who is 18 years of age or older who completes the CAA may serve as a caregiver.

WHAT CAN THE CAA BE USED FOR?

If the CAA is completed by a **non-relative**, it will allow that person to enroll your child in school and to consent to school-related medical treatment. School-related medical treatment includes immunizations, physical exams, and medical exams conducted in school.

continued...

If the CAA is completed by a **relative** (including a grandparent, aunt, uncle, or other qualified relative of the minor) it will allow that person to enroll your child in school, consent to school-related medical treatment, and consent to most other forms of medical and dental care for your child.

DOES MY CHILD HAVE TO LIVE WITH THE CAREGIVER FOR THE CAA TO BE VALID?

Yes, your child needs to live with the caregiver. If your child stops living with the caregiver, the caregiver must notify any school, health care provider, or health care service plan that has been given the CAA. The CAA is invalid after the school, health care provider, or health care service plan receives notice that your child is no longer living with the caregiver.

DOES THE CAA NEED TO BE NOTARIZED?

No, the CAA does not need to be notarized. There have been reports that some schools want a notarized copy of the CAA, but that is not required by law. **Also, remember that only the caregiver, and not the parent(s), signs the CAA.**

SHOULD I GIVE THE CAA TO MY CHILD'S SCHOOL AND MEDICAL PROVIDERS NOW AND ASK THEM TO KEEP IT ON FILE?

No, the CAA should not be given to your child's school or medical providers unless and until your child is living with the caretaker, and the parent is unavailable to make school and medical decisions for your child.

DOES THE CAA EXPIRE?

No, it does not expire. However, if any of the information on the form changes, the caregiver will need to complete a new form.

IF I WOULD LIKE TO HAVE SOMEONE COMPLETE A CAA SO THEY CAN MAKE CERTAIN DECISIONS FOR MY CHILDREN IN MY ABSENCE, WHAT STEPS SHOULD I TAKE?

First, you should identify the person who you would like to serve as your child's

continued...

caretaker.

Next, you should discuss with that person what the CAA does (it gives them power to make certain school and medical decisions on behalf of your child), and does not do (it does not give them legal custody of your child, guardianship over your child, or access to any of your financial resources to care for your child).

Finally, you should have that person complete a CAA, but they should wait to sign and date it until it becomes necessary to use it. The caregiver should keep the CAA in a safe place, and you should also keep a copy of it in your file of important documents in case the caregiver cannot locate theirs when it becomes necessary.

CAN A CAREGIVER USE THE CAA TO COORDINATE MY CHILD'S TRAVEL TO MY HOME COUNTRY IN THE EVENT I AM DEPORTED AND DECIDE TO HAVE MY CHILDREN ACCOMPANY ME TO MY HOME COUNTRY?

No, the CAA only allows the caregiver to make decisions related to school and medical issues for your child. Consult your home country's embassy or consulate for information about facilitating your child's travel to your home country if you will not accompany the child.

MUST MY CHILD'S CAREGIVER HAVE IMMIGRATION STATUS IN THE UNITED STATES?

No. Ideally though, the person you authorize to be your child's caregiver would also not be at risk for deportation or detention. The person should be someone with a California driver's license or identification card (ID). If they do not have a California driver's license or ID, they should be ready to provide another form of identification such as a social security number or Medi-Cal number.

PARENTAL AUTHORIZATION/APPOINTMENT OF GUARDIAN

In the event that I/we, _____,
(parent(s) name(s))

of _____, Rhode Island, am/are, for any reason, absent or otherwise
(city)

unable to care for, or make decisions regarding, my/our child(ren),

_____,
(child's name) (child's date of birth)

_____,
(child's name) (child's date of birth)

_____,
(child's name) (child's date of birth)

_____,
(child's name) (child's date of birth)

I/we, hereby give temporary custody of my/our above-named child(ren) to

_____ of _____
(name of caregiver) (city and state)

or, if above-named caregiver is not immediately available, to

_____,
(name of alternate caregiver)

who shall, acting as custodian, be referred to as the "custodian."

I/we hereby authorize and empower the custodian to authorize and obtain medical care and treatment (whether of an emergency nature or otherwise, and whether involving surgical treatment, blood transfusions, vaccines, medication or otherwise) for my/our above-named child at any time.

I/we also authorize and empower the custodian to enroll my/our above-named child in the educational system of the city or town where the custodian resides or in any other educational institution the custodian deems advisable.

I/we make the foregoing authorizations as evidence of my/our intent that my/our above-named child obtain prompt and complete medical care in my/our absence or in the event of my/our inability to care for, or make decisions about, him/her, regardless of whether such absence or inability is only temporary or is for a

lengthy or indefinite period. In such case, I/we further authorize and empower the custodian, with full power of substitution for me/us and in my/our name(s), place, and stead, to make any and all decisions for my/our above-named child's education, welfare and well-being that I/we might or could make.

Notwithstanding the foregoing, if the need should arise during my/our lifetime for a guardian for my/our above-named child, I appoint the above-named caregiver guardian of my above-named child's person and estate, or, if the above-named caregiver fails or ceases to serve, I appoint the above-named alternate caregiver guardian. No guardian should be required to furnish any bond or surety.

This appointment may be revoked by me/us in writing but shall remain in full force and effect unless revoked or when my/our child reaches the age of majority. A photocopy of this document shall have the same effect as the original.

This *Parental Authorization/Appointment of Guardian* was read to me/us in *Spanish* if that is my/our primary language. I/we understand its contents and sign it voluntarily and without duress.

****DO NOT SIGN UNTIL YOU ARE STANDING IN FRONT OF A NOTARY****

Signature of Parent(s)

Date: _____

Print Name Parent(s)

Signature of Parent(s) (Optional)

Date: _____

Print Name Parent(s) (Optional)

Certificate of Notary Public

State of Rhode Island
County of _____

On this _____ day of _____, 20____, before me, the undersigned notary public, personally appeared _____, personally known to me or proved through satisfactory evidence of identification, to be the person(s) who signed the preceding document in my presence and acknowledged to me that s/he/they signed the document voluntarily for its stated purpose.

Notary Public Signature

Print Name

My Commission Expires

AUTHORIZATION FOR RELEASE OF EDUCATIONAL RECORDS
AND APPOINTMENT OF GUARDIAN
FOR EDUCATIONAL PURPOSES

In the event that I/we, _____,
(parent(s) name(s))

whose address is _____,
(address of parent(s))

am/are, for any reason, absent or otherwise unable to care for, or make decisions regarding,

my/our child(ren), _____,
(child's name) (child's date of birth)

_____,
(child's name) (child's date of birth)

_____,
(child's name) (child's date of birth)

_____,
(child's name) (child's date of birth)

I/we, hereby authorize _____,
(name of caregiver)

whose address is _____,
(address of caregiver)

to act in my/our behalf as the guardian of my/our above-named child(ren) for education purposes. I/we expressly appoint and authorize the above-named caregiver to have authority regarding all educational decision making for my/our above-named minor child(ren); to receive all educational records; to discuss all education matters with school personnel and to make any decisions regarding educational placement, services, or rights for my/our above-named child(ren).

Educational records for purposes of this authorization for release to the above-named caregiver include, but are not limited to:

- Grades and progress reports
- Discipline records
- Evaluations and assessments
- Special education records
- Medical records including substance abuse, psychological, and HIV
- Pin and passord for any parent/student internet information system
- Counseling records

POWER OF ATTORNEY FOR HEALTHCARE

In the event that I/we, _____,
(parent(s) name(s))

whose address is _____,
(address of parent(s))

am/are, for any reason, absent or otherwise unable to care for, or make decisions regarding

my/our child(ren), _____,
(child's name) (child's date of birth)

I/we, hereby appoint _____,
(name of caregiver)

whose address is _____,
(address of caregiver)

as my/our agent for health care decision making and grant to my/our agent all power and authority regarding the medical treatment of my/our above-named child. I/we further grant my/our agent authority to make and withhold consent to any action that may be necessary to provide for the medical treatment and care of my/our above-named minor child.

The authority given to my agent includes, but is not limited to, serving as my personal representative to act on my behalf and exercise my rights under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This release and appointment may be revoked by me/us in writing but shall remain in full force and effect unless revoked or when my/our child reaches the age of majority. A photocopy of this document shall have the same effect as the original.

AUTORIZACIÓN PATERNA/ASIGNACIÓN DEL TUTOR LEGAL

En caso de que yo/nosotros, _____,
(nombre/s del/de los padre/s)

con residencia en _____, Rhode Island, me ausente/nos ausentemos o no
(ciudad)
sea/seamos capaz(ces) de cuidar, o tomar decisiones relacionadas con mi/nuestro hijo/a,

_____,
(nombre del hijo)

_____,
(fecha de nacimiento del hijo)

_____,
(nombre del hijo)

_____,
(fecha de nacimiento del hijo)

_____,
(nombre del hijo)

_____,
(fecha de nacimiento del hijo)

_____,
(nombre del hijo)

_____,
(fecha de nacimiento del hijo)

Yo/nosotros, por medio de la presente otorgo/otorgamos la custodia temporal de mi/nuestro hijo antedicho a

_____ con residencia en _____
(nombre del tutor) (ciudad y estado)

o, si el tutor antedicho no se encuentra disponible de forma inmediata, a

_____,
(nombre del tutor sustituto)

quien, en su calidad de tutor legal, será referido como el «tutor».

Yo/nosotros por la presente autorizo/autorizamos y le otorgo/otorgamos el poder al tutor para autorizar y solicitar cuidado médico y tratamiento (ya sea que tenga carácter de urgencia o de otro modo, y que involucre tratamiento quirúrgico, transfusiones de sangre, vacunas, medicamentos u otro modo) para mi/nuestro hijo antedicho.

Yo/nosotros también autorizo/autorizamos y le otorgo/otorgamos el poder al tutor para inscribir a mi/nuestro hijo antedicho en el sistema educativo de la ciudad o pueblo donde resida el tutor o en cualquiera otra institución educativa que el tutor considere conveniente.

Yo/nosotros otorgo/otorgamos las autorizaciones previas como evidencia de mi/nuestro deseo de que mi/nuestro hijo antedicho reciba atención médica inmediata y completa en mi/nuestra ausencia o en caso de que mi/nuestra incapacidad de cuidarlo/la, o de tomar decisiones relacionadas con él/ella, independientemente de que tal ausencia o incapacidad sea solo temporal o por un período indefinido. Si ese

fuera el caso, yo/nosotros autorizo/autorizamos, además, y le otorgo/otorgamos el poder al tutor para que, con todo el poder de mi/nuestra sustitución y en mi/nuestros nombre(s), lugar, y estado, tome cualquiera y todas las decisiones relacionadas con la educación, salud y bienestar de mi/nuestro hijo antedicho, que yo/nosotros pudiéramos tomar.

Sin perjuicio de lo anterior, si surgiera la necesidad de asignar un tutor legal para mi hijo antedicho, durante toda mi/nuestra vida, yo asigno al tutor antedicho para mi hijo antedicho, o, si el tutor antedicho no cumpliera o dejara de cumplir con su responsabilidad, yo asigno al antedicho tutor sustituto. A ningún tutor se le solicitará proporcionar ningún vínculo o garantía.

Este nombramiento podrá ser revocado por mí/nosotros por escrito, pero se mantendrá en pleno vigor y efecto a menos que sea revocado o cuando mi/nuestro hijo cumpla la mayoría de edad. Una fotocopia de este documento tendrá el mismo efecto que el original.

Esta *Autorización Paterna/Asignación del Tutor Legal* fue leída en mi/nuestra presencia en *español* si esa fuera mi/nuestra lengua materna. Yo/nosotros comprendo/comprendemos su contenido y lo firmo/firmamos voluntariamente y sin coacción.

****NO FIRMAR SIN LA PRESENCIA DE UN NOTARIO****

Firma del/de los Padre(s)

Fecha: _____

Nombre impreso del/de los Padre(s)

Certificado de Notario Público

Estado de Rhode Island
Condado de _____

En este _____ día de _____, 20____, ante mí, el infrascrito notario público, se ha(n) presentado personalmente _____, a quien(es) conozco o quien(es) ha(n) proporcionado prueba de identificación satisfactoria de ser la(s) persona(s) que ha(n) firmado el documento anterior en mi presencia y ha(n) declarado ante mí que él/ella/ellos firman este documento voluntariamente con el propósito establecido.

Firma del Notario Público

Nombre impreso

Mi cargo expira

AUTORIZACIÓN PARA DIVULGAR ARCHIVOS EDUCATIVOS
Y ASIGNACIÓN DEL TUTOR LEGAL
PARA PROPÓSITOS EDUCATIVOS

En caso de que yo/nosotros, _____,
(nombre/s del/de los padre/s)

con residencia en _____, Rhode Island, me ausente/nos ausentemos o no
(ciudad)
sea/seamos capaz(ces) de cuidar, o tomar decisiones relacionadas con mi/nuestro hijo/a,

_____,
(nombre del hijo) (fecha de nacimiento del hijo)

_____,
(nombre del hijo) (fecha de nacimiento del hijo)

_____,
(nombre del hijo) (fecha de nacimiento del hijo)

_____,
(nombre del hijo) (fecha de nacimiento del hijo)

Yo/nosotros, por la presente autorizamos a _____, quien
(nombre del tutor)

Reside en _____
(dirección del tutor)

para actuar en mi/nuestro nombre como tutor de mi/nuestro hijo antedicho para fines educativos. Yo/nosotros autorizo/autorizamos al tutor antedicho para que tenga la facultad de tomar decisiones relacionadas con la educación de mi/nuestro hijo menor de edad; de recibir todos los archivos educativos; discutir sobre asuntos educativos con el personal de la escuela y tomar cualquier decisión en cuanto a la colocación, servicios o derechos educativos de mi/nuestro hijo.

Los archivos educativos para los propósitos de esta autorización de divulgación, otorgada al tutor antedicho, incluyen pero no están limitados a:

- notas e informes de progreso,
- expedientes de disciplina,
- evaluaciones y asesoramientos,
- archivos de educación especial,
- archivos médicos incluyendo abuso de sustancias, psicológicos y VIH,
- clave y contraseña para cualquier sistema informativo de internet para el padre/estudiante,
- archivos de consejería,

- registro de asistencia.

Este nombramiento podrá ser revocado por mí/nosotros por escrito, pero se mantendrá en pleno vigor y efecto a menos que sea revocado o cuando mi/nuestro hijo cumpla la mayoría de edad. Una fotocopia de este documento tendrá el mismo efecto que el original.

Esta Autorización para Divulgar Archivos Educativos y Asignación del Tutor Legal para Propósitos Educativos fue leída en mi/nuestra presencia en *español* si esa fuera mi/nuestra lengua materna. Yo/nosotros comprendo/ comprendemos su contenido y lo firmo/firmamos voluntariamente y sin coacción.

****NO FIRMAR SIN LA PRESENCIA DE UN NOTARIO****

Fecha: _____

Firma del/de los Padre(s)

Nombre impreso del/de los Padre(s)

Fecha: _____

Firma del/de los Padre(s)

Nombre impreso del/de los Padre(s)

Certificado de Notario Público

Estado de Rhode Island

Condado de _____

En este _____ día de _____, 20____, ante mí, el infrascrito notario público, se ha(n) presentado personalmente _____, a quien(es) conozco o quien(es) ha(n) proporcionado prueba de identificación satisfactoria de ser la(s) persona(s) que ha(n) firmado el documento anterior en mi presencia y ha(n) declarado ante mí que él/ella/ellos firman este documento voluntariamente con el propósito establecido.

Firma del Notario Público

Nombre impreso

Mi cargo expira

PODER LEGAL PARA CUIDADOS MÉDICOS

En caso de que yo/nosotros,

_____,
(nombre/s del/de los padre/s)

con residencia en _____, Rhode Island, me ausente/nos
ausentemos o no
(ciudad)

sea/seamos capaz(ces) de cuidar, o tomar decisiones relacionadas con mi/nuestro hijo/a,

_____,
(nombre del hijo) (fecha de nacimiento del hijo)

Yo/nosotros, por medio de la presente nombramos a

_____, quien
(nombre del tutor)

reside

en _____,
(dirección del tutor)

mi/nuestro representante para tomar decisiones relacionadas con los cuidados de la salud y le otorgo/otorgamos a mi/nuestro representante poder legal y autoridad absoluta en cuanto al tratamiento médico de mi/nuestro hijo antedicho. Además, autorizo/autorizamos a mi/nuestro representante para que otorgue o niegue su consentimiento para cualquier acción que sea necesaria para proporcionar tratamiento y cuidado médico a mi/nuestro hijo menor de edad.

La autoridad otorgada a mi agente incluye, pero no se limita a, actuar como mi representante personal para actuar en mi nombre y ejercer mis derechos conforme al Health Insurance Portability and Accountability Act of 1996 (la Ley de Responsabilidad y Responsabilidad del Seguro Médico de 1996) (HIPAA).

Este nombramiento podrá ser revocado por mí/nosotros por escrito, pero se mantendrá en pleno vigor y efecto a menos que sea revocado o cuando mi/nuestro hijo cumpla la mayoría de edad. Una fotocopia de este documento tendrá el mismo efecto que el original.

Este *Poder Legal para Cuidados Médicos* fue leído en mi/nuestra presencia en *español* si esa fuera mi/nuestra lengua materna. Yo/nosotros comprendo/comprendemos su contenido y lo firmo/firmamos voluntariamente y sin coacción.

****NO FIRMAR SIN LA PRESENCIA DE UN NOTARIO****

Firma del/de los Padre(s)

Fecha: _____

Nombre impreso del/de los Padre(s)

Firma del/de los Padre(s)

Fecha: _____

Nombre impreso del/de los Padre(s)

Certificado de Notario Público

Estado de Rhode Island
Condado de _____

En este _____ día de _____, 20____, ante mí, el infrascrito notario público, se ha(n) presentado personalmente _____, a quien(es) conozco o quien(es) ha(n) proporcionado prueba de identificación satisfactoria de ser la(s) persona(s) que ha(n) firmado el documento anterior en mi presencia y ha(n) declarado ante mí que él/ella/ellos firman este documento voluntariamente con el propósito establecido.

Firma del Notario Público

Nombre impreso

Mi cargo expira

continued...

IMPORTANT CHILDREN'S INFORMATION

Keep this information so those you designate to care for your children in your absence have all of the information they need. Complete, save, and print a copy per child in your household.

Child's Name:	
Date of Birth:	
Child's Cell Phone Number (if applicable):	
School Name:	
School Address:	
School Phone Number:	
Teacher's Name:	
Teacher's Phone Number and/or Email (if applicable):	
Classroom Number:	
Afterschool Program (if applicable):	
Afterschool Program Phone Number (if applicable):	
Other Camp/Sports/Program:	
Other Camp/Sports/Program Phone Number (if applicable):	
Allergies:	
Medical Conditions:	
Medications:	
Doctor's Phone Number:	
Doctor's Address:	
Health Insurance Info:	

THIS FILLABLE DOCUMENT CAN BE COMPLETED DIGITALLY VIA PDF VIEWER/EDITOR OR PRINTED AND COMPLETED WITH BLUE/BLACK INK.

continued...

EMERGENCY NUMBERS AND IMPORTANT CONTACT INFORMATION

Keep this information in one place so that you and your family can access it easily.

EMERGENCY NUMBERS	
Immediate Emergency	911
Police Department	
Fire Department	
Poison Control	
FAMILY CONTACTS	
Mother/Parent/Guardian	
Home Phone	
Cell/Mobile Phone	
Work Address	
Work Phone	
Father/Parent/Guardian	
Home Phone	
Cell/Mobile Phone	
Work Address	
Work Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	
Other Emergency Contact and Relationship	
Cell/Mobile Phone	

continued...

MISCELLANEOUS CONTACTS	
Doctor	
Phone Number	
Health Insurance Company	
Policy Number	
Pediatrician	
Phone Number	
Health Insurance Company	
Policy Number	
Dentist	
Phone Number	
Dental Insurance Company	
Policy Number	
Consulate	
Address	
Phone Number	
Attorney/Nonprofit Legal Services Provider	
Address	
Phone Number	
Church/Temple/Mosque/Place of Worship	
Address	
Phone Number	

FILE OF IMPORTANT DOCUMENTS

Keep a file of these documents or a copy of these documents in a safe place.
Tell your children, family members, and emergency caregivers where to find this
file in an emergency.

☐ **PASSPORTS**

☐ **BIRTH CERTIFICATES**

☐ **MARRIAGE LICENSE (IF APPLICABLE)**

☐ **CAREGIVER'S AUTHORIZATION AFFIDAVIT**

☐ **ANY RESTRAINING ORDERS YOU MAY HAVE
AGAINST ANYONE (IF APPLICABLE)**

☐ **A-NUMBER AND ANY IMMIGRATION
DOCUMENTS (WORK PERMIT, GREEN CARD,
VISA, ETC.)**

☐ **DOCUMENTS DEMONSTRATING YOUR
RESIDENCE IN THE UNITED STATES AND
AMOUNT OF TIME YOU HAVE BEEN PHYSICALLY
PRESENT IN THE UNITED STATES**

☐ **DRIVER'S LICENSE AND/OR OTHER
IDENTIFICATION CARDS**

☐ **SOCIAL SECURITY CARD OR ITIN NUMBER**

☐ **REGISTRY OF BIRTH (FOR U.S. BORN
CHILDREN REGISTERED IN PARENT'S HOME
COUNTRY) (IF APPLICABLE)**

☐ **IMPORTANT CHILDREN'S INFORMATION**

☐ **EMERGENCY NUMBERS AND IMPORTANT
CONTACT INFORMATION**

☐ **CHILDREN(S)' MEDICAL INFORMATION,
INCLUDING HEALTH INSURANCE, MEDICATION
LIST, AND DOCTOR'S CONTACT INFORMATION**

☐ **ANY OTHER DOCUMENTS YOU WOULD WANT
TO BE ABLE TO FIND QUICKLY**