

**Negation, Reversal, or Disapproval of Action  
Under a Caretaker Authorization Affidavit**

**In Re:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

**Regarding the Child** \_\_\_\_\_

**DOB** \_\_\_\_\_ **SSN (optional)** XXX-XX-\_\_\_\_\_

I hereby negate, reverse, or disapprove of action taken pursuant to a caretaker authorization affidavit, unless by doing so the life, health, or safety of the child would be jeopardized.

\_\_\_\_\_  
Signature of Parent, Guardian, or Custodian                      Date

\_\_\_\_\_  
Signature of Parent, Guardian, or Custodian                      Date

PRINTED NAMES OF THOSE WHO EXECUTED ORIGINAL CARETAKER AFFIDAVIT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Notice:**  
This act of negation, reversal, or disapproval terminates the caretaker authorization affidavit only upon delivery of a written notice of the negation, reversal, or disapproval to the caretaker and to the person responding to the caretaker's action or decision in reliance on the affidavit.