

## Caregiver Authorization Form

This form is intended to address the McKinney-Vento Homeless Assistance Act (MVA; P.L. 107-110) requirement that homeless children and youth have access to education and other services for which they are eligible. The Act states specifically that barriers to enrollment must be removed. In some cases, a child or youth who is homeless may not be able to reside with his/her parent or guardian; however, this fact does not nullify the child's/youth's right to receive a free, appropriate public education under the provisions of the MVA. **This form is to be used for school purposes only and is not legally binding.**

**Instructions:** Complete this form for the homeless child or youth who is not in the physical custody of a parent or legal guardian.

### Student

1. Student Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_  
3. Address: \_\_\_\_\_

### Caregiver

☐ I am an Unaccompanied Youth age 18 or older or Emancipated Student (Complete items 7-9 and sign and date the form.)

4. Caregiver Name: \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_  
6. Address: \_\_\_\_\_  
7. Phone number: \_\_\_\_\_ 8. Email address: \_\_\_\_\_  
9. State Driver's License or Identification Card Number: \_\_\_\_\_

10. Relationship to child, as defined in s. 1000.21(5), F.S., for making education-related decisions on the student's behalf (school selection, enrollment, extracurricular activities, etc.):

- ☐ a person who possesses written power of attorney to provide consent for the student's education (guardian)  
☐ a person who is not the student's parent, but is in a parental relationship to a student due to circumstances  
☐ a person exercising supervisory authority over the student in place of a parent  
☐ other (explain): \_\_\_\_\_

11. Relationship to child for giving consent to medical treatment per s.743.0645(2), F.S.:

- ☐ a person who possesses a written power of attorney to provide medical consent for the student  
☐ a stepparent  
☐ grandparent of the student  
☐ An adult brother or sister of the student  
☐ An adult aunt or uncle of the student  
☐ other (explain): \_\_\_\_\_

12. Level of contact with the student's parents or legal guardian:

- ☐ I have advised the student's parent(s) or legal guardian as to my intent to ☐ authorize medical care and/or  
☐ provide educational consent for the student and have received no objection.  
☐ I have advised the student's parent(s) or legal guardian as to my intent to ☐ authorize medical care and/o  
☐ provide educational consent and have received the attached ☐ signed and ☐ notarized and/or  
☐ witnessed authorization(s).  
☐ I am unable to contact the parent(s) or legal guardian to notify them of my intended authorization(s).

**I declare under penalty of perjury under the laws of Florida that the foregoing information is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send this form to: FLVS Full Time School Social Worker: Vietka Jones, [vjones@flvs.net](mailto:vjones@flvs.net)**