

# Caregiver's Authorization Form

This form is intended to address the McKinney-Vento Homeless Education Assistance Improvement Act of 2001 (P.L. 107-110) requirement that homeless children are to have access to education and other services. The McKinney-Vento Act specifically states 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.

## Instructions and Purpose

- To authorize enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To make the school/district aware of medical authority of caregiver.

The minor named below lives in my home, and I am 18 years of age or older.

1. Name of Minor \_\_\_\_\_
2. Minor's Birthdate \_\_\_\_\_
3. My Name (adult giving authorization) \_\_\_\_\_
4. My Home Address \_\_\_\_\_
5. Check one or both (for example, if one parent was advised and the other could not be located):
  - I have advised the parent(s) or other person(s) having legal custody of the minor as to my intent to authorize medical care and have received no objection.
  - I am unable to contact the parent(s) or legal guardian(s) at this time to notify them of my intended authorization.
6. My Date of Birth \_\_\_\_\_
7. My State Driver's License or Identification Card Number \_\_\_\_\_

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

Signature of Caregiver \_\_\_\_\_

Name of Caregiver \_\_\_\_\_

Date \_\_\_\_\_

Return this form to both: **FLVS Full Time School Operations Administrator:** Beth Gagne, [egagne@flvs.net](mailto:egagne@flvs.net)

**FLVS Full Time Director of Instruction:** Katherine Santana, [ksantana@flvs.net](mailto:ksantana@flvs.net)

*Adapted from materials provided by NCHL Local Homeless Education Liaison toolkit. (2005) Caregiver's authorization form.*

