

PINELLAS COUNTY SCHOOLS
PREVENTION DEPARTMENT
CAREGIVER'S AUTHORIZATION FORM

This form is intended to address the McKinney-Vento Homeless Education Assistance Act (MVA) Section 724(g) of the McKinney-Vento Act, as amended by the ESSA (Pub. L. 114-95), requirement that homeless children have access to education and other services. The MVA specifically states that barriers to enrollment must be removed. In some cases, a student who is homeless may not reside with his/her parent/guardian; however, this fact does not nullify the student's right to receive a free, appropriate public education. This form authorizes an adult (not parent/guardian) to serve as the adult contact for a homeless youth. This covers enrollment, attendance, and medical emergency contact.

Instructions: Complete this form for a student enrolling in school while not in the physical custody of a parent/guardian.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the student named below who lives in my home.

STUDENT:

Name: _____ Date of birth: _____

School: _____

CAREGIVER:

Name: _____ Date of birth: _____

Home address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Florida driver's license or state ID number: _____

Check one or both (for example, if one parent was advised and the other could not be located):

_____ I have advised the parent/guardian of the student as to my intent to authorize medical care and have received no objection.

_____ I am unable to contact the parent/guardian at this time to notify them of my intended authorization.

I declare under penalty of perjury under Florida law that the preceding information is true and correct.

Caregiver's Signature _____ Date: _____