

ALLEN PARISH
Caregiver Authorization Form
Title X, Part C of NCLB, McKinney-Vento Homeless Assistance Act

Instructions: Complete this form when presenting a child/youth for enrollment who is not in the physical custody of a parent or legal guardian.

- To authorize the enrollment in school of a minor, complete items 1 through 4 and sign the form.
- To authorize the enrollment and school-related medical care of a minor, complete all items and sign the form.

I am 18 years of age or older and have agreed to fulfill the role of caregiver for the minor named below.

1. Name of Minor: _____

2. Minor's Date of Birth: _____

3. My Name (Adult Giving Authorization): _____

4. My Home Address: _____

5. My Telephone #: (____) _____ Other Contact #: (____) _____

6. Email Address: _____

7. My Date of Birth: _____

8. My State Driver's License or Identification Card #: _____

9. Check one or both statements below, if applicable:

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.

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

Signature: _____

Date: _____

Note: This form is not required as condition for enrollment and should be used to obtain information on the "caregiver." This form does not require notarization, nor does it address child custody issues.