

- B. Secure copies of the child(ren)'s records held by third parties that are necessary to the care of the child, including but not limited to: medical, dental, psychiatric records, birth certificates and educational records;
- C. Enroll the child(ren) in school and grant or withhold consent for the child(ren) to be tested or placed in special school programs, including exceptional education;
- D. Do all other things necessary for the care of the child(ren).

8. I have given this consent freely and voluntarily.

Dated: _____

Signature of Parent

Printed Name

Address

City, State, Zip

Telephone Number:

**STATE OF FLORIDA
COUNTY OF BREVARD**

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____.

Signature of Notary Public-State of Florida

Print, type or stamp Commissioned Name

Check one only: ___ Personally known ___ Produced I.D. Type of I.D. produced _____

**IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS
BELOW: [✍ fill in all blanks]**

I, {full legal name and trade name of nonlawyer} _____,
a nonlawyer, located at {street} _____, {city} _____
{state} _____, {phone} _____, helped {name} _____
who [✓ one only] _____ petitioner or _____ respondent, fill out this form.