Division of Juvenile Justice Services
Activity Informed Consent

ACTIVITY: ___________________________ Date of Activity: ________________

I, _____________________________, acknowledge that I have received information of the activity referenced above. I have had any questions about the activity answered to my satisfaction. I agree to follow the rules and expectations of the program and the directions given by Division of Juvenile Justice Services staff as I participate in the activity.

________________________________________
(Signature of juvenile)

INFORMED CONSENT

I, _____________________________ the legal guardian of __________________________, a youth under eighteen years of age in the temporary care, custody, or control of the Division of Juvenile Justice Services, have received information about the activity referenced above. I have had any questions about the activity answered to my satisfaction. I give my consent for the above-named youth to participate.

Print Name: ___________________________ Date __________________________

Signature _____________________________________________

__________________________________________, the legal parent or guardian (circle one) of _____________________________, a youth under eighteen years of age in the temporary care, custody, or control of the Division of Juvenile Justice Services, has given verbal consent over the phone allowing ____________________________to participate in the above referenced activity.

Staff Name: ___________________________ Staff Witness: ____________________________

Revised 02-10-16