DEPARTMENT OF CHILDREN AND FAMILIES
Division of Safety and Permanence

Nonmedical Consents

Use of form: Use of this form is voluntary, but completion will aid caretakers in ensuring that appropriate and timely care is provided. The form is to be completed by the parent or guardian of a child placed in out-of-home care. Personally identifiable information on this form will be used for identification purposes and to assure appropriate care for the child. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: If additional space is needed, attach a separate sheet or use the reverse side of this form.

Name – Child: _____ Birthdate: _____
(Last, First, MI) (mm/dd/yyyy)

A. I give my permission for my child to be photographed, video taped or digitally recorded in some other manner. All media use will comply with the patient's rights. It may be used for treatment purposes or entertainment. Signing this consent does not allow the agency to use media for advertising in agency announcements, flyers, handbooks, placed on a social media site, the internet, etc.

_____ _____
SIGNATURE – Parent **SIGNATURE** – Child (Required if 14 years old or over.)

B. I give my permission for my child to participate in sports activities.

_____ _____
SIGNATURE – Parent **SIGNATURE** – Child (Required if 14 years old or over.)

C. I give my permission for my child to participate in school activities such as school sports, choir, plays, etc.

_____ _____
SIGNATURE – Parent **SIGNATURE** – Child (Required if 14 years old or over.)

D. I give my permission for my child to be transported by the agency as needed to court, school, activities, etc.

_____ _____
SIGNATURE – Parent **SIGNATURE** – Child (Required if 14 years old or over.)

E. I give my permission for my child to attend field trips.

_____ _____
SIGNATURE – Parent **SIGNATURE** – Child (Required if 14 years old or over.)

F. I give my permission for my child to receive haircuts as needed / requested by my child.

_____ _____
SIGNATURE – Parent **SIGNATURE** – Child (Required if 14 years old or over.)

G. I give my permission for the agency to request necessary school records, IEP records, etc.

_____ _____
SIGNATURE – Parent **SIGNATURE** – Child (Required if 14 years old or over.)

I have no objections to the agency exercising its authority, with the following exceptions:

_____

NOTE: Consent will expire at date of discharge. This consent can be revoked at any time.

_____ _____
SIGNATURE – Parent Date Signed