

Youth Rehabilitative Services

## Office of the Director

(302) 633-2620 Fax (302) 633-2636

Program/Activity:			
Purpose:			
I, parent/gu for my child to be a participant in a media act Services which may include photographs, vid may be used for training of staff statewide. I voluntary and that only his/her first name wi	tivity spons eo, and au understan	sored by the Divisi dio. The photogra d that participatio	ion of Youth Rehabilitative aphs, videos, and/or audios on on the part of my child is
Parent Guardian	Date		
Youth	Date		
Program Staff	Date		
Witness (if parental permission is granted via phone)	Date		
pc: Youth File			