



## 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)

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### 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: \_\_\_\_\_