**Form C**

**FAMILY VISITATION AUTHORIZATION**

|  |  |
| --- | --- |
| Last Name of Youth: | First Name of Youth: |
| County: | Agency: |

Identify those BIOLOGICAL RELATIVES or GUARDIANS permitted visitation and his/her relationship to your child. Keep in mind that visitation cannot begin until this form is returned signed by you (the parent/guardian) and the placing agency representative. Please read the Visitation Policy in the Parent/Guardian Information Guide. Due to limited space, visitation is permitted for up to four (4) people per visit, unless otherwise approved by a Campus Director.

|  |  |
| --- | --- |
| **NAME** | **RELATIONSHIP** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Parent/Guardian***  ***Printed Name*** | ***Parent/Guardian***  ***Signature*** | ***Date*** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***\*REQUIRED: Placing Agency Representative***  ***Printed Name*** | ***\*REQUIRED: Placing Agency Representative***  ***Signature*** | ***Date*** |

Verbal Consent has been provided and requires **TWO** witness signatures

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Witness 1: Placing Agency/GJR Representative***  ***Printed Name*** | ***Witness 1: Placing Agency/GJR Representative***  ***Signature*** | ***Date*** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Witness 2: Placing Agency/GJR Representative***  ***Printed Name*** | ***Witness 2: Placing Agency/GJR Representative***  ***Signature*** | ***Date*** |
|  |  |  |